STEVEN C. KRANE STUDENT LOAN ASSISTANCE
FOR THE PUBLIC INTEREST - 2014 GRANT APPLICATION PACKET
Program Description

Introduction

Public service attorneys play a critical role in society, yet law school loan debt can make such positions unaffordable. To encourage new lawyers to pursue and remain in public service careers, in 2002 the NYSBA created the Student Loan Assistance for the Public Interest (SLAPI) Program. The Association is pleased to announce that thanks to donations from several New York law firms, individuals, and support from the New York Bar Foundation, we are able to provide financial assistance to selected public service attorneys to encourage them to remain in public service careers. While a wide range of positions qualify for awards, until funding is expanded, priority will be given to civil legal services attorneys. Recipients will receive biannual installments to pay current debt. If the recipient remains in qualifying employment for a specified period, the loan will be forgiven. **The application deadline is December 27, 2013.** Recipients will be announced in January at the NYSBA Annual Meeting.

Eligibility

To be eligible for an award, an applicant must meet the four criteria set forth below. The SLAPI Program Committee will make awards based on numerous factors, including but not limited to: the nature and location of employment, total income, assets, total debt, dependents, other loan repayment assistance available, educational or professional achievements and other special circumstances.

1. **Law Degree and Bar Admission.** An applicant must have earned a J.D. from an ABA-accredited law school, be admitted to the New York State bar, practicing public interest or government law for at least five (5) years and be a member in good standing.

2. **Qualifying Employment.** An applicant must be employed to work at least 35 hours per week in New York State in a law-related position by one of the entities set forth below:

   - An organization providing civil, criminal or child welfare/juvenile justice legal services to low-income people in New York State; or

   - A federal, state or local government agency; or

   - A similar organization.

The following are not deemed qualifying employment: positions at for-profit entities or performing lobbying; judicial clerkships (except career positions in the Federal or State

judiciary); and military service.

3. Educational Debt. Debt must have been incurred to pursue law school or joint legal/graduate school degrees. Qualifying debt includes Stafford, Perkins and other loans approved by law school financial aid offices. Debt owed to family or non-institutional sources does not qualify. An applicant in default on any educational loan is not eligible.

4. Salary Limitations. An applicant must have an adjusted gross income at or below the following amounts. The years refer to the period the applicant has held qualifying employment. For applicants who live or work in and around New York City (Bronx, Kings, Nassau, New York, Queens, Rockland, Richmond, Suffolk and Westchester counties), the amount is increased by $10,000.

Year	*Income*
4th	$50,000
5th	55,000
6th	60,000
7th to 10th	65,000

Guidelines

1. Loan Awards. Awards of up to $4,000 will be made annually and disbursed in biannual payments. Recipients will remain responsible for satisfying underlying debt. No recipient will receive an award greater than the amount of debt due that year. Awards are not automatically renewed; recipients must apply each year awards are offered. Recipients may apply for up to four annual awards. Each annual award that is granted requires the applicant to agree to be continuously employed in public interest or government law for a period of three additional years from the date the annual award is given.

2. Loan Forgiveness. Annual Loan awards will begin to be forgiven after the applicant provides proof s/he has successfully completed three years of qualifying employment since the date of the issuance of the award. Recipients of awards not yet forgiven who become ineligible will be responsible for loan repayment within six (6) months of the date of their ineligibility. Applicants who are discharged from their public interest or government employment as a result of lay-offs or loss of program funding may remain eligible provided they obtain new public interest or government work within a reasonable time.

3. Interest. Interest will not accrue on the award while the recipient is an active participant in the program. If the recipient subsequently becomes ineligible, repayment will begin immediately, at an annual rate of **4%** on a **5-year** amortization.

4. Participant Obligations. Each recipient must execute a promissory note; keep

all underlying educational debt current; and provide periodic documentation and verification of continued eligibility. Upon becoming ineligible, a recipient must immediately notify the SLAPI Program.

Application

To be considered for an award, you must submit:

- A signed, complete copy of this Program Description (not just the certification page);
- A completed, signed Application Form;
- A current resume;
- A copy of your most recent Federal income tax return, including accompanying schedules;
- An Employer Certification Form, which you should complete and sign in the appropriate section and provide to the employer for completion and transmittal to SLAPI; and
- A Lender Certification Form, which you should complete and sign in the appropriate section and provide to your lender for completion and transmittal to SLAPI. (*Printed information on your loans, accessed from the lender's Web Site, will be accepted in lieu of this form.)*

The SLAPI Program will not consider an application until all required forms are received. The applicant bears the responsibility of submitting all required documentation and ensuring that the employer and lender submit their forms. The applicant must provide any clarifying or supplemental information requested by SLAPI. Applications must be received by **December 27, 2013.** Call (518) **487-5641** or ***e-mail probono@nysba.org*** with any questions. Please mail or deliver ***(do not*** fax or e-mail***)*** your application to: **SLAPI, NYSBA, One Elk Street, Albany, NY 12207.**

Applicant Certification

I _____, acknowledge that I have read the foregoing Program Description and agree that any loan assistance I receive from SLAPI is subject to its terms. I understand that the Program Description may be modified in the future at the sole discretion of the SLAPI Program and that my receipt of further assistance would then be subject to such modified terms. I further understand that eligibility and consideration by SLAPI do not guarantee or imply that I will receive an award and that any awards are contingent on the availability of funds.

Signature_____ Date_____

NEW YORK STATE BAR ASSOCIATION
STEVEN C. KRANE STUDENT LOAN ASSISTANCE
FOR THE PUBLIC INTEREST

2014 APPLICATION

Many of the questions below require providing estimated information as accurately as possible. In addition, you are required to provide documentation to permit verification of such information. If you are selected as a recipient, you will be required to submit additional signed forms to enable the SLAPI program to verify information periodically.

PERSONAL INFORMATION:

Name: _____

Address: _____

_____

Telephone:
(H): _____
(W): _____

E-mail address
(H): _____
(W): _____

Date of birth: _____

Law school: _____

Graduation date: _____

Name of spouse or domestic partner: *
_____

Dependent(s) names and ages:

Total number of years lived in New York: _____

States and dates of bar admission: _____

If not licensed, please explain (Use separate sheet if necessary): _____

Indicate your race or ethnicity (optional). Please mark only one:

☐ White, non-Hispanic	☐ Black, non-Hispanic	☐ Hispanic/Latino
☐ Asian or Pacific Islander	☐ American Indian/Native Alaskan	☐ Not Listed Here

** **Domestic Partners** are defined as two persons who: are age 18 or older, unmarried and unrelated; have no other domestic partners and have not had any other domestic partners for the previous six months; have a close committed personal relationship; and live together and have been living together on a continuous basis.*

Are there any special circumstances, such as non-educational debts or educational or professional achievements, which should be considered in reviewing your application? If so, please explain.

EMPLOYMENT INFORMATION SINCE GRADUATION FROM LAW SCHOOL:

DATES OF EMPLOYMENT	EMPLOYER	CITY, STATE	LAW RELATED? YES OR NO

CURRENT EMPLOYMENT INFORMATION:

APPLICANT

Employer: _____

Address: _____

_____

Supervisor: _____

Telephone: _____

Date of hire (mo/yr): _____

Job title: _____

Nature of work (Explain in detail):

No. of working hours/week: _____

Area of the state served by your work:

SPOUSE OR DOMESTIC PARTNER

Employer: _____

Address: _____

_____

FINANCIAL INFORMATION: Accuracy of financial information is critical. Please respond fully.

APPLICANT
Annual salary: _____

List **each additional amount and source** of income (taxable or non-taxable) for applicant and spouse or domestic partner. Include amounts for present calendar year and upcoming funding year. Use estimates where necessary. Include alimony, child support, rental property, teaching or consulting income and all other sources.

_____

_____

_____

ASSETS: List all assets held by applicant, spouse or domestic partner, or jointly.

Cash/Cash Equivalents/Savings:

Real estate:

Purchase price	Current market value	Mortgage balance

Investments:

Type	Current market value	Loans against

Additional assets (Please specify):

LAW SCHOOL EDUCATIONAL DEBT

Law school loans	**Name of lender**	**Original** *principal***	**Current principal** *balance*	**2013 Monthly payment required**	***Loan repayment status**
Perkins					
Stafford FFEL/Direct (subsidized)					
Stafford FFEL/Direct (unsubsidized)					
Federal Consolidation Loan (unsubsidized FFEL/Direct)					
Federal Consolidation Loan (subsidized FFEL/Direct)					
Grad PLUS					
Other 1					
Other 2					
Other 3					

*For any loan that is in grace, deferral or forbearance, please indicate date first payment is due and estimated monthly payment.

**Are any of the loans in the table above consolidated loans? YES___ NO ___

Check the following statements which apply to your loans:

Yes___ No ___All of the funds included in the principal of the loans, consolidated and otherwise, listed above were borrowed for law school education-related expenses only.

If No, the following loans include funds borrowed for law school and other purposes:

1. Lender _____

*Total principal*_____

*Approximate principal attributable to law school*_____

2. Lender _____

Total principal _____

*Approximate principal attributable to law school*_____

Other educational and commercial debt of applicant and spouse or domestic partner. Please indicate monthly payment obligations for **all education loans only of spouse or domestic partner currently in repayment**. If in grace or deferral, indicate date first payment is due and estimated monthly payment.

OTHER LOAN REPAYMENT ASSISTANCE:

Please read carefully. Answer the questions, initial and date:

1. Have you applied to any other program or organization for loan repayment assistance or forgiveness for your law school loans? _____(Y/N) If yes, please explain on a separate sheet.

2. PERKINS LOANS. Under certain circumstances, Perkins loans may be cancelled or forgiven. In particular, service as an assistant district attorney qualifies under the law enforcement section of the loan cancellation provisions.

3. Do you have a Perkins loan for law school? _____ (Y/N). If yes, please indicate steps you have taken to determine if your employment qualifies you for loan forgiveness or cancellation under the law enforcement section of the provisions. Please explain on a separate sheet.

4. LAW SCHOOLS. Your law school may have its own Loan Repayment Assistance Program. Please contact Equal Justice Works at (202) 466-3686, www.equaljusticeworks.org for information or call your law school. You may wish to start with the financial aid office or the Dean of Students at your law school.

5. Does your law school have a loan repayment assistance or forgiveness program? _____(Y/N). If yes, please explain on a separate sheet whether you have applied, and **if not, why not?** If available, please enclose a description of the Program or a copy of the Program Guidelines.

6. EMPLOYER. Your employer may have a program whereby additional income is provided for loan repayment purposes with the condition of mandatory repayment if you choose to leave that employer before a certain time period has elapsed.

7. **Does your employer offer such a program**? _____ (Y/N). If yes, are you participating in the program and **if not, why not?** Please explain on a separate sheet.

On this page, please describe your background and interest in public service. If you received a SLAPI loan award in the past, please describe instead how the award enabled you to continue working in public interest law and how your work benefitted your clients. If additional space is needed, statements of up to three, doubled-spaced typewritten pages will be considered.

CERTIFICATION

All of the information on this form is true and complete to the best of my (our) knowledge. If asked by SLAPI, I (we) agree to provide proof of the information I (we) have given on this application. I (we) understand that I (we) will be required to provide a copy of my (our) most recent Federal income tax return(s) with all schedules. Furthermore, by submitting this application, I give permission for SLAPI, if I receive a Loan Repayment Assistance Program Award, to use my name and publicize the fact that I received this Award for working at my current place of employment. Additionally, by submitting this application, I agree that, if asked, I will help SLAPI with its fundraising and lobbying efforts. I (we) understand that if I am selected to participate in this Program, I (we) must provide authorizations to enable SLAPI to periodically verify loan and employment information. I (we) understand that this Application is not complete and will not be considered without a signed copy of the Program Description and appropriate employer and lender verification information.

_____

Applicant's signature Date

_____

Spouse or Domestic Partner's signature Date

NEW YORK STATE BAR ASSOCIATION
STEVEN C. KRANE STUDENT LOAN ASSISTANCE FOR THE PUBLIC INTEREST (SLAPI)
APPLICANT'S EMPLOYER CERTIFICATION FORM

Instructions: Complete Part A and submit this form to your employer.
****

PART A: To be completed by the Applicant.

Name: _____

I hereby authorize _____ (Employer) to provide SLAPI with the information requested in Part B and such other information concerning my employment as SLAPI may request.

_____ _____
Applicant's Signature Date
****

PART B: To be completed by Employer.

Dear Employer:

Your employee, _____, has applied to SLAPI's Loan Repayment Program. Through this program, SLAPI provides financial assistance with law school education loans. In order to qualify for assistance, Participants must be employed in eligible public service employment and meet our income guidelines. Therefore, our Program procedures require that we obtain information from the applicant's employer.

Please complete the remainder of this form and return it to:

SLAPI, NYSBA, One Elk Street, Albany, NY 12207

Please contact us at the above address, phone (518) 487-5641, or e-mail to probono@nysba.org with any questions.

Name of Employee: _____

Annual Gross Salary: _____

Date of Hire: _____

Nature of Work/Title of Position: _____

No. of Working Hours/Week: _____

_____ _____
Authorized Signature Name (printed) and Title

_____
Name of Employer

_____
Address of Employer

NEW YORK STATE BAR ASSOCIATION
STEVEN C. KRANE STUDENT LOAN ASSISTANCE FOR THE PUBLIC INTEREST (SLAPI)
APPLICANT'S LENDER VERIFICATION FORM

Instructions to applicant: Complete Part A and send to your lender(s)
****

PART A: To be completed by the applicant.

Name: _____ Account #: _____

Address: _____

Telephone and e-mail address (es): _____

I hereby authorize _____ (Lender) to provide SLAPI with the information requested in Part B and any other information concerning my loan(s) as the program may request.

_____ _____
Applicant's Signature Date

PART B: To be completed by Lender.

Dear Lender:
_____ has applied to receive funding from the SLAPI Program. To select Participants, we **must** be able to establish that the Applicant is making the required payments on the loans. The Participant then uses these funds towards repayment of eligible loans, such as those with your institution.

The information we need is indicated below. Please complete the form (or provide the information on any printout or form you may already use) and mail it to:

SLAPI, NYSBA, One Elk Street, Albany, NY, 12207

If you have any questions, please contact us at the above address or phone (518) 487-5641 or email probono@nysba.org. Thank you very much for your time and attention.

Loan type: _____ Loan origination date: _____ Monthly payment _____
Loan status: (e.g.) repayment deferral default other: _____
If in deferral, grace or forbearance, indicate the ending date: _____
When will first payment be due? _____ **Estimated monthly payment amount?** _____

PLEASE PROVIDE PAYMENT HISTORY FOR THE LAST 6 MONTHS:
If the above named Applicant has more than one loan with your institution, please submit information re **all** outstanding loans. Do you have a web site that provides loan information? Y or N. If Y, please provide web address:

_____ _____
Authorized Signature Name (printed) and title

Name of lender/lending institution:
_____

Address of lender:
_____

Telephone of lender: _____ Date: _____

PROMISSORY NOTE

NEW YORK STATE BAR ASSOCIATION

Steven C. Krane Student Loan Assistance

For the Public Interest Program

FOR VALUE RECEIVED, I, _____, promise to pay to the New York State Bar Association the principal sum of $ _____ plus interest accrued at the rate of 4% per annum in the event that I do not qualify for loan forgiveness pursuant to the relevant provisions set for in the Program Description for the NYSBA Steven C. Krane Student Loan Assistance for the Public Interest Program. Repayment would commence six (6) months after my eligible employment terminated.

Date: _____

_____
Signature

_____
Social Security Number

_____
Address

_____
Address

_____
Telephone number

STEVEN C. KRANE SLAPI APPLICATION CHECKLIST

The SLAPI Program will not consider an application until all required forms are received. The applicant bears the responsibility of submitting all required documentation and ensuring that the employer and lender submit their forms. The applicant must provide any clarifying or supplemental information requested by SLAPI. **The application deadline is December 27, 2013.** Applications received after that date will not be considered. Please mail or deliver your application to **SLAPI, NYSBA, One Elk Street, Albany, New York 12207**. No fax or e-mail applications will be accepted. The following checklist is provided for your convenience so that you can ensure your application packet is complete.

☐ A signed, complete copy of the Program Description (not just the certification page)

☐ A completed signed Application Form

☐ A current Resume

☐ A copy of your most recent Federal Income Tax Return, including accompanying schedules

☐ An Employer Certification Form, which you should complete and sign in the appropriate section and provide to the employer for completion and transmittal to SLAPI

☐ A Lender Certification Form, which you should complete and sign in the appropriate section and provide to the lender for completion and transmittal to SLAPI (***Printed information on your loan[s], accessed from the lender's website, will be accepted in lieu of this form.)***