



# Cornell Law School

## Loan Repayment Assistance Program (LRAP) Employer Certification

---

**This form is to be completed by the applicant's employer. The employer must email the completed form directly to the Law School's Financial Aid Office at [lrapp@cornell.edu](mailto:lrapp@cornell.edu) by December 1.**

Name of Employee: \_\_\_\_\_

Employee's Title: \_\_\_\_\_

Employer (Agency or Organization) Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employee's Salary: \_\_\_\_\_

Is the employee considered full-time? \_\_\_\_\_ Hours per week \_\_\_\_\_

Employee's start date: \_\_\_\_\_ End date (if applicable): \_\_\_\_\_

The employer Agency/Organization is a:

\_\_\_\_\_ 501 (c)(3)

\_\_\_\_\_ 501 (c)(4)

\_\_\_\_\_ 501 (c)(5)

\_\_\_\_\_ Federal/State/Local/Tribal Government

\_\_\_\_\_ Agency International NGO

\_\_\_\_\_ U.S. Based International NGO

\_\_\_\_\_ Labor Union

\_\_\_\_\_ Other (please explain): \_\_\_\_\_

Name of Supervisor/Designee completing this form: \_\_\_\_\_

Supervisor/Designee's Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_