

CALIFORNIA WESTERN SCHOOL OF LAW

Loan Repayment Assistance Program

EMPLOYMENT VERIFICATION FORM

PART A: TO BE COMPLETED BY THE APPLICANT

Last Name _____ First Name _____ MI _____ Social Security # _____

I hereby state that I am a full-time (at least 35 hours per week) employee of

(Name of Employer)

I authorize my above-named employer to provide the information requested in **Part B** of this form to California Western School of Law.

Applicant Signature _____ Date _____

Print Name _____

The above-named “applicant”, a graduate of California Western School of Law, has applied for assistance through a special Loan Repayment Assistance Program at California Western School of Law. As part of the application process, California Western School of Law requires certification by the employer of the applicant’s employment status.

PART B: TO BE COMPLETED BY THE EMPLOYER

Please complete the following information and return this form to the applicant. If the employer is a private non-profit, please submit documentation of 501(c)(3) or 501(c)(4) status. Please do not hesitate to contact the Financial Aid Office at California Western School of Law if you have any questions.

1. Employer Name		2. Taxpayer ID#
3. Employer's Complete Address		
4. Date Employee Hired/Will Hire	5. Full-Time? [] Yes [] No	6. Salary (Annual Gross)
7. Are there any scheduled salary changes during the remainder of this calendar year? [] Yes [] No		8. If yes, when and amount?
9. Brief Job Description		

Authorized Signature _____ Date _____

Print Name _____