

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 _____

I hereby state that I am a full-time (at least 35 hours per week) employee of the following 501(c)3 or 501(c)4 nonprofit corporation:

(Name of Employer)

I authorize the 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 the 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. Attach 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: 619-525-7060 or finaid@cwsl.edu.

1. Employer Name		2. Taxpayer ID#
3. Employer's Complete Address		
4. Date Employee Hired/Will Hire	5. Full-Time (35 or more hours/week)? [] Yes [] No	6. Salary (Annual Gross)
7. Are there any scheduled salary changes during the next twelve months? [] Yes [] No		8. If yes, when and in what amount?
9. Brief Job Description		

Authorized Signature _____ Date _____

Print Name _____