



80 M Street SE, Suite 100
Washington, DC 20003

www.dcbfoundation.org

P | 202-467-3750
F | 202-467-3753

2019 LOAN REPAYMENT ASSISTANCE PROGRAM ATTACHMENT A: EMPLOYER CERTIFICATION FORM

1. To be completed by the applicant.

Applicant Name: _____ Currently seeking employment with eligible employer¹.

I hereby authorize my employer, _____, to provide the DC Bar Foundation with the information requested in the section below, in support of my application for assistance from the District of Columbia Poverty Lawyer Loan Repayment Assistance Program.

Applicant's Signature

Date

2. To be completed by applicant's employer.

Please provide the following information concerning the employment status of the individual identified above.

Employer Information:

1. Employer: _____
2. Address: _____
3. Contact Name: _____
4. Is your organization on DCBF's eligible employer list² or a DC-based non-profit organization eligible for funding by the DC Bar Foundation? Yes No

Applicant Information:

1. Date of Hire: _____
2. Job Title: _____
3. Current Annual Gross Salary: _____
4. Number of Hours/Week: _____
5. Is a law school degree required for this position? Yes No
6. Does this employee provide direct civil legal services to low-income DC residents? Yes No

Authorized Signature

Date

Printed Name

¹ Applicants may also be in the process of seeking employment with an eligible employer. If this is the case, in part one, print your name and select the box next to "Currently seeking employment with eligible employer," and then sign and date it. Leave the rest of the form blank.

² Please go to <https://dcbfoundation.org/lrap/eligible-employers/> for the current eligible employer list and information on how to apply to be an eligible employer.