

LRAP EMPLOYMENT CERTIFICATION FORM

July - December Award Period

BLS Applicant Name	Social Security #: XXX-XX
I authorize my employer,	w. to furnish
Applicant Signature:	Date:
To Be Completed by th	e Employer:
The above-named applicant has applied for consideration As part of the application process, the applicant is requiremployment status, salary and licensing. Kindly provide the form to the Brooklyn Law School Office of Financial Aid you for your assistance.	ired to have his/ her employer certify current ne information requested below and return this
Does your organization qualify as a private nonprofit of Section 501 (c) 3 of the Internal Revenue Service Coo (Please attach approved IRS form, if not already on file was	le? Yes No
Does your organization currently employ this applicant?	Yes No
Date employment commenced:	Full-time Part-time
Job Title:	_ Current Salary: \$
Briefly describe the applicant's responsibilities:	
Is a J.D. Degree required for this position? Yes Has the applicant passed the Bar? Yes No	
Is the above applicant eligible for educational loan repays	ment benefits from your organization?
Yes No If yes, how much pe	er year? \$
Is this applicant currently receiving these benefits? Yes _	No
Authorized Signature:	Date:
Name and Title:	Tel #: