



Santa Clara University School of Law
Public Interest and
Social Justice Endowment

2006-07 Income Supplement Grant Application

Guidelines

- Graduates of Santa Clara University School of Law working full-time in qualifying public interest and social justice positions may apply for a one-year Income Supplement Grant.
- The grant year runs from September 1 through the following August 31.
- The grant application deadline is January 15 of each year, and awardees will be notified by February 15.
- Funding for public interest and social justice work done from September 1 through December 31 will be awarded retroactively.
- The amount of the award depends on applicant eligibility and the endowment funds available during any given grant year. Eligibility is limited to those earning an adjusted income of \$50,000 or less, annually. To calculate your adjusted income, see the Financial Eligibility Worksheet. “Adjusted Income” means “Annualized Income Less Annualized Deductions.” Note, however, an adjusted income of less than \$50,000 does not guarantee an award.
- Awards depend on available funds. There is a \$7,000 annual cap and a \$49,000 lifetime cap on awards.

Santa Clara University School of Law
Public Interest and Social Justice Endowment
c/o Center for Social Justice and Public Service
Santa Clara, California 95053-0425
408.551.1720
408.554.5073 (fax)
socialjustice@scu.edu

PERSONAL INFORMATION

Applicant

Name _____

SSN _____

Address _____

City _____

State _____ Zip Code _____

Area Code _____ Phone _____

E-Mail _____

Year of Graduation _____

Spouse

Name _____

Check here if spouse was a Santa Clara graduate and will apply separately for Income Supplement Grant funds.

EMPLOYMENT

Applicant

Employer _____

Address _____

City _____

State _____ Zip Code _____

Area Code _____ Phone _____

E-Mail _____

Starting Date _____

Ending Date _____

Are you employed full-time? _____

Is this employer a non-profit, 501(c)(3) corporation? Yes ____ No ____

Spouse

Employer _____

Address _____

City _____

State _____ Zip Code _____

Area Code _____ Phone _____

CERTIFICATION

All the information on this application is true and correct to the best of my knowledge. If asked by the Public Interest and Social Justice Endowment, I agree to provide proof of the information provided on this application. I realize that I must provide a copy of my most recent Federal Income Tax filing, as well as an employer statement confirming employment and salary level and current repayment data on student loans.

Applicant's Signature

Date

FINANCIAL ELIGIBILITY WORKSHEET

A. Annualized Income

1. Applicant

a. Monthly gross salary \$ _____
(provide a copy of most recent pay stub)

b. Other taxable income \$ _____
(total annual divided by 12)

c. Employer or other law loan repayment assistance, if any \$ _____
(total annual divided by 12)

Subtotal of applicant's monthly income during grant period (a+b+c) \$ _____

Applicant's Annualized Income \$ _____ x 12 = _____
= (a+b+c) x 12 (Annualized Income)

2. Spouse

a. Monthly gross salary \$ _____
(provide a copy of most recent pay stub)

b. Other taxable income \$ _____
(total annual divided by 12)

Subtotal of spouse's monthly income during grant period (a+b) \$ _____

Spouse's Annualized Income \$ _____ x 12 = \$ _____
= (a+b) x 12 (Annualized Income)

Line A: Total (applicant and spouse) Annualized Income \$ _____

B. Annualized Deductions

1. Number of dependents, not including self or spouse _____ x \$3,500 \$ _____

2. Spousal deduction, if spouse is working and has salary. Use actual annual income or \$10,000, whichever is less. \$ _____

3. Applicant's annual loan repayments (See Law School Loan Repayment Worksheet)
\$ _____ per month x 12 = \$ _____
\$ _____ per quarter x 4 = \$ _____

Line B: Total (applicant and spouse) Annualized Deductions \$ _____

C. Eligibility

Total Annualized Income \$ _____ [From Line A]
Total Annualized Deductions \$ _____ [From Line B]

Adjusted Income = (Annualized Income Less Annualized Deductions) \$ _____

LAW SCHOOL LOAN REPAYMENT WORKSHEET

Note: Undergraduate loans may not be included

Name of Loan	Name of Servicer/Lender	Amount of Loan	Interest Rate	Total Due	Payment Schedule (Monthly or Quarterly)
1. _____	_____	\$ _____	____ %	\$ _____ / _____	\$ _____ yrs
2. _____	_____	\$ _____	____ %	\$ _____ / _____	\$ _____ yrs
3. _____	_____	\$ _____	____ %	\$ _____ / _____	\$ _____ yrs
4. _____	_____	\$ _____	____ %	\$ _____ / _____	\$ _____ yrs
5. _____	_____	\$ _____	____ %	\$ _____ / _____	\$ _____ yrs
6. _____	_____	\$ _____	____ %	\$ _____ / _____	\$ _____ yrs
7. _____	_____	\$ _____	____ %	\$ _____ / _____	\$ _____ yrs
8. _____	_____	\$ _____	____ %	\$ _____ / _____	\$ _____ yrs
TOTAL					Monthly \$ _____
					Quarterly \$ _____

Have your loans been consolidated? ____ Yes ____ No

If so, indicate consolidation terms:

Please provide copies of repayment schedule for each loan or consolidation indicated.

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Employer Certification

▪ **PART A: To be completed by the Applicant**

Name _____

Social Security Number _____

I authorize my employer,

_____ to provide the information requested in PART B to Santa Clara University School of Law.

Signed _____ Date _____

To the applicant: *Return the completed form with your entire application and tax filing information.*

▪ **PART B: To be completed by the Employer**

The above named "applicant," a graduate of Santa Clara University School of Law, has applied for an Income Supplement Grant from Santa Clara University School of Law. As part of the application process, we require certification from the employer of the applicant's employment status. Please complete the following information and return this form to the employee at your earliest convenience. If you have any questions, please do not hesitate to contact the Program Coordinator of the Public Interest Endowment by telephone (408) 551-1720, or send an e-mail to *socialjustice@scu.edu*.

Date of employment _____ Is the applicant employed full time? _____

Salary / Monthly Gross _____ Net _____

Salary / Annual Gross _____ Net _____

Brief Job Description:

Signed _____ Date _____

Printed Name / Title _____

Employer Contact Information:

