2014-15 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 10 of each year, and awardees will be notified by February 11.

- 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 Law Board’s 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.
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.
Address ______________________________
City ______________________________
State ______ Zip Code ______
Area Code ______ Phone ______________

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 ______________
E-Mail ______________________________

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 Law Board, 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 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*

<table>
<thead>
<tr>
<th>Name of Loan</th>
<th>Name of Servicer/Lender</th>
<th>Amount of Loan</th>
<th>Interest Rate</th>
<th>Total Due</th>
<th>Payment Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ____________</td>
<td>______________________</td>
<td>$_______________</td>
<td>___ %</td>
<td>$_______________ / _____ yrs</td>
<td>$_______________</td>
</tr>
<tr>
<td>2. ____________</td>
<td>______________________</td>
<td>$_______________</td>
<td>___ %</td>
<td>$_______________ / _____ yrs</td>
<td>$_______________</td>
</tr>
<tr>
<td>3. ____________</td>
<td>______________________</td>
<td>$_______________</td>
<td>___ %</td>
<td>$_______________ / _____ yrs</td>
<td>$_______________</td>
</tr>
<tr>
<td>4. ____________</td>
<td>______________________</td>
<td>$_______________</td>
<td>___ %</td>
<td>$_______________ / _____ yrs</td>
<td>$_______________</td>
</tr>
<tr>
<td>5. ____________</td>
<td>______________________</td>
<td>$_______________</td>
<td>___ %</td>
<td>$_______________ / _____ yrs</td>
<td>$_______________</td>
</tr>
<tr>
<td>6. ____________</td>
<td>______________________</td>
<td>$_______________</td>
<td>___ %</td>
<td>$_______________ / _____ yrs</td>
<td>$_______________</td>
</tr>
<tr>
<td>7. ____________</td>
<td>______________________</td>
<td>$_______________</td>
<td>___ %</td>
<td>$_______________ / _____ yrs</td>
<td>$_______________</td>
</tr>
<tr>
<td>8. ____________</td>
<td>______________________</td>
<td>$_______________</td>
<td>___ %</td>
<td>$_______________ / _____ yrs</td>
<td>$_______________</td>
</tr>
</tbody>
</table>

**TOTAL**

<table>
<thead>
<tr>
<th>Monthly</th>
<th>$_______________</th>
</tr>
</thead>
</table>

Have your loans been consolidated? _____ Yes_____ No

If so, indicate consolidation terms:

Please provide copies of repayment schedule for each loan or consolidation indicated.
Santa Clara University School of Law
Public Interest and
Social Justice Law Board

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 Law Board 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:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________