

APPLICANT INFORMATION FORM

Applicant Name: _____

Type of Application: State Prosecutor Local Prosecutor Federal Public Defender
 State Public Defender / OPA Public Defender

SECTION A: APPLICANT INFORMATION

The following information will be used for contact and taxation purposes.

Social Security Number: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____ Borough: _____

Work Telephone #: _____ Work Fax #: _____

Email Address: _____

Name of Law School: _____ Attendance Dates: _____

Name of Law School: _____ Attendance Dates: _____

Name of Law School: _____ Attendance Dates: _____

Name of Law School: _____ Attendance Dates: _____

**Multiple lines have been provided above in the event the applicant attended more than one law school.*

SECTION B: LOAN INSTITUTION INFORMATION

The following information shall identify the lending institution to which benefits will be paid if awarded a grant.

Name of Institution: _____

Federal Tax ID #: _____ Loan Account # _____

Payment Remittance Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Title: _____

Telephone #: _____ Fax #: _____

SECTION C: CERTIFICATION

I certify that all information provided above is true and accurate as of this date. I acknowledge that falsified information could result in the denial of my grant request or termination of such contract if I am awarded funds under the JRJ Program. I agree to provide additional verification of any information provided as requested.

Applicant Signature: _____ Date: _____