



**LOUISIANA BAR FOUNDATION  
LOAN REPAYMENT ASSISTANTANCE PROGRAM**

**Instructions:**

*The Applicant should complete part A and have his/her employer complete Part B. The employer should return the form to the applicant to be submitted with the rest of his/her application.*

**Part A: To be completed by the applicant.**

Applicant Name: \_\_\_\_\_

I hereby certify that I will notify the LBF immediately should there be any change to my employment status or income.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

**PART B: To be completed by the applicant's employer.**

Dear Employer:

The individual listed above has applied for assistance from the Louisiana Bar Foundation's Loan Repayment Assistance Program. Please certify the applicant's employment status by completing the remainder of this form. When complete, please return the form to the applicant. If you have any questions, please contact Renee LeBoeuf at [renee@raisingthebar.org](mailto:renee@raisingthebar.org) or (504) 561-1046.

Thank you for your assistance.

Name of Employee Applicant: \_\_\_\_\_

Anticipated 2025 Annual Gross Salary: \_\_\_\_\_

Title of Position: \_\_\_\_\_

Number of hours applicant works per week: \_\_\_\_\_

I hereby certify that I will notify the LBF immediately should there be any change to the applicant's employment status or income.

\_\_\_\_\_  
Authorized Signature                      Name (printed) & Title                      Date

\_\_\_\_\_  
Name of Employer                      Address                      Phone