NEW YORK STATE BAR ASSOCIATION STUDENT LOAN ASSISTANCE FOR THE PUBLIC INTEREST (SLAPI)

EMPLOYER CERTIFICATION FORM

Instructions: Complete Part A and submit this form to	o your employer. ****************
PART A: To be completed by the applicant.	
Name:	
	(employer) to provide the SLAPI Program with the mation concerning my employment as SLAPI may request.
Applicant's signature	*************
PART B: To be completed by the employer.	
Dear Employer:	
provides financial assistance with law school educat	, has applied to the SLAPI Program. SLAPI ion loans. In order to qualify for assistance, recipients must be meet our income guidelines. Therefore, our procedures require oyer.
Please complete the remainder of this form and return SLAPI, NYSBA, One Elk Street, Albany, NY 1220	
Please contact us at the above address or phone (518)) 463-3200 or fax (518) 487-5694 with any questions.
Name of employee:	
Annual gross salary:	
Date of hire:	
Nature of work/title of position:	
No. of working hours/week:	
Your signature	Your name (printed) and title
Name of employer	
Address of employer	
Telephone of employer	 Date