

## 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: \_\_\_\_\_