



PEPPERDINE
Caruso School of Law

**The Caruso Family Loan Forgiveness Fund and
Judge Harry T. Shafer Loan Repayment Assistance Fund**

Award for 2024 Payments

Self-Qualifying Questionnaire and Eligibility Estimate

Applicant: _____ SSN: _____
(print name)

Qualifying Criteria:

- | | | |
|--|-----|----|
| 1. Are you a Pepperdine Law School graduate?
Graduation Date _____ | Yes | No |
| 2. Did you pass the Bar within two years of graduation?
Date _____ State _____ | Yes | No |
| 3. Have you been employed by a federal, state or local government agency
or by a non-profit organization for at least one-year? | Yes | No |
| 4. Does this position utilize your law degree? | Yes | No |
| 5. The qualifying individual's income level must not exceed
an adjusted gross income of \$75,000 OR the qualifying individual's
combined family income must not exceed an adjusted gross income
of \$150,000. Is this true for you? | Yes | No |
| 6. Do you have outstanding educational loans that were borrowed to
finance studies at Pepperdine Caruso School of Law? Are these
loans in repayment and in good standing? Have you made payments in the
last year? | Yes | No |
| 7. Have you submitted all of the required documentation with your application? | Yes | No |
| 8. During law school, did you work in public service with the Legal Aid Clinic and/or
Union Rescue Mission? If so, please explain the work experience. If not, please
explain what type of work experience you obtained. | Yes | No |
| 9. You are aware that you may only apply for loan assistance through Pepperdine
Caruso Law for a maximum of ten (10) years. | Yes | No |

**If you answered "yes" to each of these questions, you may qualify for the Caruso Family
Loan Forgiveness Fund or the Judge Harry T. Shafer Loan Repayment Assistance Fund.**

Application materials should be returned to:

Pepperdine Caruso Law
Office of Financial Assistance
ATTN: Jillian Loupe
24255 Pacific Coast Highway
Malibu, CA 90263-4633



The application deadline is May 1, 2025

I. PERSONAL DATA

Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____ E-Mail: _____

Marital Status: _____

Age of Dependents: _____

Law School Graduation Date: _____

State Bar Examination Pass Date: _____

State(s): _____

(applicant must pass a state bar examination or an equivalent within two years of graduation)

Annual Income: _____

(attach a signed copy of you and your spouse's (if applicable) most recent federal income tax return (2024), including all schedules, wage earning statements (W-2) and any miscellaneous taxable income reported on form 1099) for tax year 2024.

II. EMPLOYMENT INFORMATION

Current Employer: _____

Employer's Address: _____

Employer's Telephone Number: _____

Start Date: _____

Full time: _____ Part time: _____ (please check one)

Annual Salary: _____

Job Title: _____



III. PREVIOUS EMPLOYMENT INFORMATION

Previous Employer: _____

Employer's Address: _____

Employer's Telephone Number: _____

Start Date: _____

Full Time: _____ Part Time: _____ (please check one)

Annual Salary: _____

Job Title: _____

IV. SPOUSE'S EMPLOYMENT INFORMATION

Spouse's Current Employer: _____

Employer's Address: _____

Employer's Telephone Number: _____

Start Date: _____

Full Time: _____ Part Time: _____ (please check one)

Annual Salary: _____

Job Title: _____



V. QUALIFYING LOANS

In determining the applicant's educational loan repayment obligations, all educational purpose loans, approved and certified by the Caruso School of Law, or loans made by the Caruso School of Law shall be considered.

Loan Information

ATTACH LOAN STATEMENTS

INSTRUCTIONS: Attach copies of the following documents to this application:

Y Most recent monthly billing statement for each lender.

Y History of payments made in the last year (January- December 2024).

Under penalty of perjury, I certify that all information on this application is true and complete to the best of my (our) knowledge. I understand that my application materials are due no later than:
May 1, 2025.

I agree to report to the Office of Financial Assistance any increase in salary and/or income and any other circumstance, which may affect my eligibility for this program.

I authorize the Account Resolution Office to release my Perkins repayment history for the purpose of calculating my debt forgiveness.

If I am selected as a recipient, I authorize Pepperdine University, Caruso School of Law to use my name in promotional information, press releases, news articles, brochures, and catalogs.

Applicant's Signature

Date

Spouse's Signature

Date



Employer Certification Form

PART A: TO BE COMPLETED BY THE APPLICANT

INSTRUCTIONS: Please complete Part A, and forward this form to your current and former employer(s).

Name: _____

I authorize my employer, _____, to provide the information requested in Part B to Pepperdine University Caruso School of Law.

Applicant's Signature _____

Date _____

PART B: TO BE COMPLETED BY THE APPLICANT'S EMPLOYER

INSTRUCTIONS: The above named individual has applied to the loan repayment assistance program at Pepperdine University Caruso School of Law. The application requires employer certification of the individual's current and prior employment status. Please complete the following information, attach a copy of the job description for this position, and return it to our office no later than **May 1, 2025**. If you have any questions, please contact Pepperdine University Caruso School of Law Office of Financial Assistance at (310) 506-4633.

The above named individual is a _____ current _____ former employee. (please check one)

Date employment began/will begin: _____

Date employment ended (if applicable): _____

Employment Status: Full time: Yes No (please circle one) Part time: Yes No (please circle one)
Leave of Absence: Yes No (If yes, give dates _____)

Gross annual salary: _____

Is a JD degree required for this individual's position? _____ Yes _____ No

Employer is a _federal, state, or local government agency
 __ private, non-profit agency qualifying for tax exemption under IRS
 Code 501 (c)(3) or 501 (c)(4) *You must provide proof of tax-exempt status.

Print Name _____

Title _____

Signature _____

Date _____

Telephone Number _____