



# State of Wisconsin Higher Educational Aids Board

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**Tony Evers**  
Governor

**Connie Hutchison, PhD**  
Executive Secretary

## 2021 JOHN R. JUSTICE (JRJ) LOAN REPAYMENT PROGRAM APPLICATION (Page 1)

### 1. Applicant Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Work Fax: \_\_\_\_\_  
County: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Email: \_\_\_\_\_

### Law School Information

Law degree from: \_\_\_\_\_ Law school graduation year: \_\_\_\_\_  
State of Wisconsin Attorney License Number: \_\_\_\_\_  
Member in Good Standing with the Wisconsin Bar Association? Yes:  No:   
*To be eligible for the JRJ Student Loan Repayment Program, an attorney must be licensed and practicing in the State of Wisconsin and in Good Standing with the Wisconsin Bar Association.*

### 2. Number of Dependents

Do not include self as a dependent. Include spouse ONLY if not employed.  
Number of Dependents: \_\_\_\_\_

### 3. Qualifying Employment

I am currently employed full-time (not less than 75% of a 40 hour work week) Yes:  No:   
Employer: \_\_\_\_\_  
Date of Hire: \_\_\_\_\_ County of Employer: \_\_\_\_\_

The employment noted above satisfies which of the following requirements (check one):

- I prosecute criminal or juvenile delinquency cases for the state, a local government agency, or tribal government.
- I legally represent, supervise, educate or train others who legally represent indigent persons in criminal or juvenile delinquency cases.
- I legally represent, supervise, educate or train others who legally represent indigent persons in criminal or juvenile delinquency cases for a non-profit organization operating under a contract with the state or unit of local government providing such representation.
- I am a full-time federal defender attorney in a defender organization pursuant to subsection (g) of Section 3006A of Title 18, U.S. Code, which provides legal representation to indigent persons in criminal or juvenile delinquency cases.

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**APPLICANT NAME:** \_\_\_\_\_

**4. Education Debt Information (See Instructions)**

If your loans are consolidated, or if you have multiple loans, you may report a single total for those loans included in the consolidation. If any grace periods are in effect, note when payments begin on those loans.

Federal Loan Type	Total Current Balance	Monthly Payment	If a grace period is in effect, note the payment starting date.
Consolidated Loans	\$	\$	
Stafford Loan (s)	\$	\$	
Perkins Loan(s)	\$	\$	
GradPLUS Loan(s)	\$	\$	
<b>TOTAL</b>	\$	\$	

**Non-qualifying annual education loan payment (See instructions): \$**

**Spousal annual education debt payment (see instructions): \$**

- Check here if you are eligible to receive loan repayment assistance from another source. (Attach explanation and amount of other loan repayment assistance)
- Check here if you are in default on repayment of any federal loans (applicants are disqualified if in default.)
- Attach NSLDS verification ([www.nsls.ed.gov](http://www.nsls.ed.gov)) of current status of **each loan**

**5. Income Information (See Instructions)**

**Applicant's current annual gross salary: \$**

**Spouse's current annual gross salary: \$**

<i>Other current annual income (from all sources including rental property, interest, dividends, etc.):</i>	
SOURCE	ANNUAL AMOUNT
	\$
	\$
	\$
	\$

**6. Other Considerations:**

Number of Children in Daycare: \_\_\_\_\_ Annual Unreimbursed Daycare Costs: \$  
 (Documentation must be provided with application)

Attach a sheet detailing any circumstances (i.e. high medical costs for a family member not covered by insurance, child support, spouse's loss of income/employment, or other unusual expenses) that you believe merit special consideration in determining your ability to pay. **LIMIT 1 page, double spaced, 12 point font, one (1) inch margins.**

ESSAY

APPLICANT NAME: \_\_\_\_\_

Please write a *short* essay explaining why you feel you should receive this grant. Essays must be typed on this page (front only, no additional pages), double spaced, normal 12 point font.

CERTIFICATION

I declare under penalty of perjury that the information on this application is true and complete to the best of my knowledge. If asked by the JRJ Student Loan Repayment Program, I agree to provide additional verification of any information provided as requested.

Applicant  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**CERTIFICATION**

I declare under penalty of perjury that the information on this application is true and complete to the best of my knowledge. If asked by the JRJ Student Loan Repayment Program, I agree to provide additional verification of any information provided as requested.

**Applicant**  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_