

LOAN REPAYMENT ASSISTANCE PROGRAM
HARVARD MEDICAL SCHOOL
OFFICE OF FINANCIAL AID
GORDON HALL 211
BOSTON, MASSACHUSETTS 02115
TEL: (617) 432-0449 • FAX: (617) 432-4308
financial_aid@hms.harvard.edu

EMPLOYER CERTIFICATION FORM
(January – June 2014)

PART A: To be completed by applicant

Name_____

Social Security #_____

() I authorize my employer at _____
to provide the information requested in PART B (reverse side) of this form to Harvard
Medical School for participation in the Loan Repayment Assistance Program for the
period of January – June 2014.

() I understand that the LRAP office may contact my employer at any time regarding
verification of employment.

Applicant's signature_____

Date_____

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Name of LRAP applicant: _____

PART B: To be completed by employer

The above named has applied to the Loan Repayment Assistance Program at Harvard Medical School for the period of January – June 2014. Please fill out the following form and return it to: Loan Repayment Assistance Program, Financial Aid Office, Harvard Medical School, Gordon Hall 211, Boston, MA. 02115-6092 as soon as possible. If you have any questions, please contact us at (617) 432-0449.

Date full time employment began _____(include an ending date if appropriate.)

Monthly Salary Gross_____ **Yearly Salary Gross**_____

Date the above salary went into effect_____

If **part-time** employment, please specify effective date(s) and hours/schedule:

Please indicate any anticipated changes in salary (including bonuses) with effective dates:

Nature of job and listing of benefits (including bonuses):

Please note any housing or food allowances:

Employer status: (Please check appropriate section-this information is necessary for tax reporting purposes)

1. Government/public agency: ___Federal ___State ___County ___City ___Other
2. Private, non-profit [501 (c) (3)]: _____
(Please indicate if application is pending on 501(c)(3) status)
3. Private, for-profit organization: _____
4. Non U.S. private, non-profit organization: _____

Authorized Signature

Printed Name & Title

Date

Name, Address and Phone Number of Employer
