

**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**  
**(July – December 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 July – December 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 July – December 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**

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Name, Address and Phone Number of Employer

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