

**ELIGIBILITY CHECKLIST - 2005**  
**SHUSTER EDUCATIONAL LOAN REPAYMENT ASSISTANCE**

1. Are you an attorney who works full-time for qualifying nonprofit public interest legal organization that is principally involved in the delivery of legal services to clients (regardless of geography)?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
2. Have you practiced public interest law continuously for five years or more at one or more nonprofit public interest law organizations that was principally involved in the delivery of legal services to clients (regardless of geography)?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
3. Have you practiced public interest law continuously for three years or more at one or more nonprofit public interest law organizations that was principally involved in the delivery of legal services to clients (regardless of geography)?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
4. Do you have an annual student loan repayment obligation for educational loans, including undergraduate, graduate, and law school, which equals or exceeds the sum of \$5,000 or 10% of your annual gross income?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**APPLICATION FORM - 2005**  
**SHUSTER FELLOWSHIP: EDUCATIONAL LOAN REPAYMENT ASSISTANCE**

Applications must be received by 5:00 p.m. on September 15, 2005. This completed application form and accompanying documentation should be forwarded in an envelope marked "Confidential" to:

Maureen Mingey  
Executive Director  
Philadelphia Bar Foundation  
1101 Market Street, 10<sup>th</sup> Floor  
Philadelphia, PA 19107

1. Name and Address:

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2. Name of the qualifying organization(s) by which you have been employed, and your position, together with the dates of your employment.

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3. Please state the total amount of loan payments due on an annual basis and attach a copy of a current loan document or payment coupon verifying the amount of the indebtedness.

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4. Please state your annual gross income from the preceding calendar year and attach a copy of your W-2 from the preceding calendar year.

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5. Please ask the Executive Director or Chief Operating Officer of your program sign below verifying that you are eligible to apply.

The individual submitting this application is to my knowledge eligible for Shuster Fellowship loan repayment assistance.

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NAME

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TITLE

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SIGNATURE