

Maryland Loan Assistance Repayment Program (MLARP) for Foster Care Recipients Application Award Year 2017-2018

Section A - Applicant Information (Please print.)

1. Social Security Number: _____ - _____ - _____ Date of birth: ____/____/____
2. Last name: _____ First name: _____ MI: _____
Previous name under which records may be kept: _____
3. Permanent mailing address: _____
City: _____ State: _____ Zip code: _____
4. Home phone: _____ Work phone: _____
5. E-mail address: _____
6. Are you a Maryland resident? ☐ Yes ☐ No

Section B - School Debt

Loans eligible for repayment assistance are any loans for undergraduate or graduate study obtained for tuition, educational expenses, or living expenses from a college, university, government, or commercial source. Please list all of your eligible loans. If there is insufficient space to list all loans, attach additional loan information to this page. **If awarded, the first listed lender will receive the award payment.**

Lender/Service:	_____	Outstanding balance:	_____
Lender/Service:	_____	Outstanding balance:	_____
Lender/Service:	_____	Outstanding balance:	_____
Lender/Service:	_____	Outstanding balance:	_____
Lender/Service:	_____	Outstanding balance:	_____
Lender/Service:	_____	Outstanding balance:	_____

Section C – Certification

I understand that an application packet will not be considered **complete** unless the following documents are submitted:

1. **Application**: Complete and sign the *2017-2018 Maryland Loan Assistance Repayment Program (MLARP) for Foster Care Recipients Application* form.
2. **Proof of Degree/Certificate**: Complete the top portion of the *MLARP Foster Care Institutional Certification* form and have your institution completely fill out the lower portion of the form. You may submit an **official** transcript or National Student Clearinghouse documentation instead of the institutional certification form.
3. **Proof of Employment**: Complete the top portion of the *MLARP Foster Care Institutional Certification* form and have your employer completely fill out the lower portion of the form. Incomplete forms will not be accepted.
4. **Proof of Loans**: Complete the top portion of the *MLARP Foster Care Institutional Certification* form for each educational loan and have your lender completely fill out the lower portion of the form. Applicants will be contacted if documentation is not sufficient.

5. **Documentation of Foster Care (at least three (3) years)**: Submit a copy of a court order stating that you were committed to the custody of the local department of social services for 3 years or more. You may obtain this by visiting the local department of social services responsible for providing care/services.
6. **Tax Return**: Photocopy of your (and your spouse's) **signed 2016 Maryland State** income tax returns. Federal returns (Form 1040) may be required for those who did not file a Maryland tax form at the time of application. If you were not required to file taxes, you must request verification of non-filing by calling the IRS at 1-800-829-1040. **YOU MUST SIGN THE COPY OF YOUR TAX RETURN EVEN IF YOU FILED ELECTRONICALLY. TAX RETURN WITHOUT YOUR SIGNATURE WILL BE CONSIDERED INCOMPLETE.**

All the information on this application is true and complete to the best of my knowledge. If asked by the Office of Student Financial Assistance, I will provide proof of the information I have given on this application. By signing this application, I acknowledge that if I am awarded through this program that the amount received is taxable income for the year that it is received and it is my responsibility to declare it on my income tax return.

Signature of applicant

Date

Application and supporting documents must be received by December 15, 2017.

Complete and return application and all required documents to:

Maryland Higher Education Commission
Office of Student Financial Assistance
Attention: MLARP Foster Care Program
6 N. Liberty Street, Ground Suite
Baltimore, MD. 21201

All Awards Are Subject To The Availability Of Funds

Maryland Loan Assistance Repayment Program (MLARP)
for Foster Care Recipients
Employment Verification Form
Award Year 2017-2018

Section A - Release (To be completed by the applicant)

Social Security Number: _____ - _____ - _____ Date of birth: _____/_____/_____

Last name: _____ First name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip code: _____

I authorize my employer to provide the employment information the Office of Student Financial Assistance requested.

Applicant's signature

Date

Section B - Employment (To be completed by employer)

The above named employee has applied for the Maryland Loan Assistance Repayment Program for Foster Care Recipients with the Office of Student Financial Assistance. **Please complete the following section and return it to the employee.**

Job title of employee: _____ Dates of employment: _____

Employment status: ___ Full-time ___ Part-time Number of hours worked per week: _____

Name of organization: _____

Address: _____ City: _____ State: _____ Zip code: _____

I certify that the information provided above is true and complete to the best of my knowledge.

Signature of Employer Representative

Date

Printed name: _____

Title: _____

Telephone number: (_____) _____

E-mail: _____

**Maryland Loan Assistance Repayment Program (MLARP)
for Foster Care Recipients
Institutional Certification Form
Award Year 2017-2018**

Section A - Release (To be completed by the applicant)

If you wish, you may obtain an official transcript from the institution or documentation from the National Student Clearinghouse in place of this form, provided the transcript/documentation lists the degree you received and the date you received it.

1. Social Security Number: _____ - _____ - _____ Date of birth: ____/____/____
2. Last name: _____ First name: _____ MI: _____
Previous name under which records may be kept: _____
3. Permanent mailing address: _____
City: _____ State: _____ Zip code: _____

I authorize my institution to provide the educational information you requested.

Applicant's signature Date

Section B - Degree Certification (To be completed by institution)

The above named applicant has applied for the Maryland Loan Assistance Repayment Program for Foster Care Recipients with the Office of Student Financial Assistance. Please complete the following section and **return it to the applicant**.

Degree received: _____ Major: _____

Date of graduation: _____ Name of institution: _____

Signature of official: _____ Date _____

Printed name of official: _____ Title _____

E-mail address: _____

Please affix official school/university seal here:

Please return to the applicant at the above address.

**Maryland Loan Assistance Repayment Program (MLARP) for Foster
Care Recipients
Lender Verification Form
Award Year 2017-2018**

Section A - Release (To be completed by the applicant)

1. Social Security Number: _____ - _____ - _____ Date of birth: ____/____/____
2. Last name: _____ First name: _____ MI: _____
Previous name under which records may be kept: _____
3. Permanent mailing address: _____
City: _____ State: _____ Zip code: _____

I authorize my lender, _____, to provide the loan information requested by the Office of Student Financial Assistance.

Applicant's signature Date

Section B - (To be completed by the lender)

Type of Loan Account number

\$ _____
Outstanding balance

This loan is: ☐ Current ☐ In default ☐ In deferment

Name of lender or servicer Federal I.D. number of lender or servicer

Address of lender or servicer City State Zip code

I certify that the information provided above is true and complete to the best of my knowledge.

Signature of official Date

Printed name of official Title of official

Telephone number: _____ E-mail: _____

Please return to the applicant at the above address. If form is faxed, original must be mailed.