

**Maryland Loan Assistance Repayment Program (MLARP)  
for Foster Care Recipients Application  
Award Year 2021-2022**

**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/Servicer: \_\_\_\_\_ Outstanding balance: \_\_\_\_\_

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Lender/Servicer: \_\_\_\_\_ Outstanding balance: \_\_\_\_\_

Lender/Servicer: \_\_\_\_\_ 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 *2021-2022 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 that verifies proof of graduation from an institution within the State of Maryland.
3. **Proof of Employment**: Complete the top portion of the *MLARP Foster Care Employment Verification* 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 Lender Verification* 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 2020 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 federal 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. THE TAX RETURN WITHOUT YOUR SIGNATURE WILL BE CONSIDERED INCOMPLETE IN WHICH CASE, YOU WILL NOT BE CONSIDERED FOR THE MLARP FOR FOSTER CARE PROGRAM.**

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 1, 2021**.**

Complete and return application and all required documents to:

Maryland Higher Education Commission  
Office of Student Financial Assistance  
Attention: MLARP Foster Care Program  
[Careerbased.mhec@maryland.gov](mailto:Careerbased.mhec@maryland.gov)

**All Awards Are Subject To The Availability Of Funds**

**This form must be returned by December 1, 2021 to MHEC by email at [careerbased.mhec@maryland.gov](mailto:careerbased.mhec@maryland.gov)**

Maryland Higher Education Commission  
Office of Student Financial Assistance  
6 N. Liberty Street, Ground Suite  
Baltimore, MD 21201  
Phone: (410) 767-3300; Fax: (410) 332-0250  
TTY for the Deaf - (800) 735-2258  
Email: osfamail.mhec@maryland.gov  
<http://www.mhec.maryland.gov/>

**Maryland Loan Assistance Repayment Program (MLARP)  
for Foster Care Recipients  
Institutional Certification Form  
Award Year 2021-2022**

**Section A – Release of Information** (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:

**This form must be returned by December 1, 2021 to MHEC by email at [careerbased.mhec@maryland.gov](mailto:careerbased.mhec@maryland.gov)**

**Maryland Loan Assistance Repayment Program (MLARP)**  
**for Foster Care Recipients**  
**Employment Verification Form**  
**Award Year 2021-2022**

**Section A – Release of Information** (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: \_\_\_\_\_

**This form must be returned by December 1, 2021 to MHEC by email at [careerbased.mhec@maryland.gov](mailto:careerbased.mhec@maryland.gov)**

**Maryland Loan Assistance Repayment Program (MLARP)  
for Foster Care Recipients  
Lender Verification Form  
Award Year 2021- 2022**

**Section A – Release of Information** (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 – Lender Verification** (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 Title of official

Telephone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please return to the applicant at the above address.**

**This form must be returned by December 1, 2021 to MHEC by email at [careerbased.mhec@maryland.gov](mailto:careerbased.mhec@maryland.gov)**