

THE GEORGE WASHINGTON UNIVERSITY
THE GRADUATE SCHOOL OF
POLITICAL MANAGEMENT

O'Dwyer Fund for Student Loan Forgiveness

Application Form

GENERAL INFORMATION

Name _____

Address _____

Phone _____

Email _____

Social Security Number _____

Date of Graduation _____

GSPM Program _____

INFORMATION ABOUT YOUR EMPLOYER

Employer _____

Address _____

Supervisor _____

Title _____

Phone _____

Email _____

Your position _____

Date of hire _____

Yes No

- My employer is a not-for-profit under IRS Code 501(c)3.
- My employer is a federal, state or local government agency.
- My employer is the US Congress or a state or local legislature.
- My employer is a branch of a state or US or armed services.
- I am employed full time.

Please describe the mission of your employer:

FINANCIAL INFORMATION

Annual Salary _____

If you received tuition assistance while you were at the GSPM, please indicate the source and amount of assistance you received per semester

If you currently receive loan repayment assistance from your employer, please indicate how much assistance you receive

Please describe any other significant sources of income

Please list all educational loans on which you have outstanding balances. For each loan, list the lender, initial loan amount, your monthly payment, the interest rate and whether the loan was for undergraduate or graduate study.

Lender	Loan Amount	Monthly Payment	Rate	U/G

Please list any other financial burdens you would like to the selection committee to consider: _____

Attachments

Please include with this application the following:

1. Your resume.
2. An unofficial GW transcript.
3. The signed Employer Certification Form.
4. For each loan listed above, documentation from the lender showing at least the amount of the loan.
5. A statement, in one page or less about your commitment to public service and how being a part of the O'Dwyer Student Loan Forgiveness Program would help you in that commitment.
6. Any additional information you would like the selection committee to consider.

Certification

I, _____, hereby certify that the information contained in this application and the attachments thereto is accurate and complete, to the best of my knowledge, and is submitted in good faith.

Signature

Date