

THE GEORGE WASHINGTON UNIVERSITY
THE GRADUATE SCHOOL OF
POLITICAL MANAGEMENT

O'Dwyer Fund for Student Loan Forgiveness

Employer Certification

Applicant's Name _____

Applicant's Title _____

Organization/Agency _____

Address _____

Phone _____

Your Name _____

Your Title _____

Email _____

Applicant's gross annual salary _____

Employment start date _____

Yes No

___ ___ The applicant is employed in a full-time position

___ ___ The employer is a not-for-profit under IRS Code 501(c)3.

___ ___ The employer is a federal, state or local government agency.

___ ___ The employer is the US Congress or a state or local legislature.

___ ___ The employer is a branch of a state or US or armed services.

Please describe how your organization serves the public interest:

Signature of Authorized Official

Date

If you have any questions, please contact the director of student services at the Graduate School of Political Management by calling (202) 994-6000.