



**PICAP HARDSHIP APPLICATION**

**Introduction**

The hardship appeal process is for PICAP participants who capped out of the program in the last PICAP cycle (January-December 2016) due to exceeding the maximum allowable income under PICAP. Those who are within 10% of the income cap and have hardship circumstances (e.g., dependents, medical bills, etc.) may appeal for renewed funding. To receive funding consideration for 2017, all required documents must be received by April 15, 2017.

NB: Because PICAP funds are limited, awards are not guaranteed. Awards are made based on an annual budget approved by the UC Hastings Board of Directors and on the earnings of endowment funds restricted to the PICAP Program. Depending on available funds each year and the number of eligible participants in the program, recipients may receive less than the maximum amount.

**Checklist:**

- PICAP Hardship Application
  - Check here if you are attaching a separate statement of appeal
- Employer Certification Form
- Proof of hardship documentation (e.g., medical bills not covered by insurance)
- Other documents as requested

**Written Statement of Appeal (a separate typed statement will be accepted if more space is needed):**

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**I. PERSONAL DATA (Print Clearly)**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_

Status (check one): Single  Married  Domestic Partnership

E-mail Address: \_\_\_\_\_

Applicant's expected 2017 total gross income from all sources  
(equivalent to your share of Fed Tax Form line 22): \_\_\_\_\_

Date of Hastings Graduation (Month and Year): \_\_\_\_\_

**II. EMPLOYMENT INFORMATION (Print Clearly)**

Current Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Full-time:  Part-time:  Job Title: \_\_\_\_\_

**III. PREVIOUS FULL-TIME PUBLIC INTEREST EMPLOYMENT (Print Clearly)**

Previous Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Job Title: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

**IV. SPOUSE/DOMESTIC PARTNER EMPLOYMENT INFORMATION (Print Clearly)**

Current Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Full-time:  Part-time:  Job Title: \_\_\_\_\_

Spouse/Domestic Partner's expected 2017 total gross income from all sources  
(equivalent to spouse's/partner's share of Fed Tax Form line 22): \_\_\_\_\_

**V. HOUSEHOLD INFORMATION**

Number of people in your household: \_\_\_\_\_

**VI. HARDSHIP COSTS – DOCUMENTATION REQUIRED (e.g., medical bills not covered by insurance)**

\_\_\_\_\_  
\_\_\_\_\_



**Employer Certification Form**

**PART A: TO BE COMPLETED BY THE APPLICANT**

*INSTRUCTIONS:* Please complete Part A and forward this form to your current and, if applicable, former employer(s).

Applicant Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I authorize my employer, \_\_\_\_\_, to provide the information requested in Part B to UC Hastings College of the Law.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**PART B: TO BE COMPLETED BY THE APPLICANT'S EMPLOYER.**

*INSTRUCTIONS:* The above named individual has applied to the loan repayment assistance program at UC Hastings. The application process requires employer certification of the applicant's employment status. Please complete the following information and return it to our office. If you have any questions, please contact the UC Hastings Financial Aid Office at (415) 565-4624 or by email at [financialaid@uchastings.edu](mailto:financialaid@uchastings.edu).

The above named individual is a (check one) current  / former  employee.

Date employment began/will begin: \_\_\_\_\_ Date employment ended (if applicable): \_\_\_\_\_

Employment Status:            Full-time: Yes  No             Part-time: Yes  No

Leave of Absence: Yes  No  (If yes, give dates) \_\_\_\_\_

Estimated Gross salary (January 1, 2017 - December 31, 2017): \_\_\_\_\_

Is a JD degree required for this individual's position? Yes  No

Employing agency is a (check one):

- local, state or federal government agency
- private, non-profit agency qualifying for tax exemption under IRS Sections Code 501(c)(3)

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone