



**PUBLIC INTEREST CAREER ASSISTANCE PROGRAM (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 2018) due to exceeding the maximum allowable income under PICAP. Those who are within 10% of the income cap and have hardship circumstances (e.g., dependent care expenses, out of pocket medical expenses, etc.) may appeal for renewed funding. To receive funding consideration for 2019, all required documents must be received by April 15, 2019.

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):



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 2019 total adjusted gross income from all sources
(equivalent to your share of Fed Tax Form line 7): _____

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 2019 total adjusted gross income from all sources
(equivalent to spouse's/partner's share of Fed Tax Form line 7): _____

V. HOUSEHOLD INFORMATION

Number of people in your household: _____

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



**PUBLIC INTERST CAREER ASSISTANCE PROGRAM (PICAP)
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.

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, 2019 - December 31, 2019): _____

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