



Virginia Department of Criminal Justice Services

FFY 26 John R. Justice Loan Repayment Program Application

Name:				SSN:				
Address:	Street:							
	City				State		Zip	
Phone:	Home		Work		Cell			
Fax:								
Email (Work):								
Email (Personal):								
Applicant Category: Prosecutor: <input type="checkbox"/> ; Public Defender, State: <input type="checkbox"/> ; or Federal: <input type="checkbox"/> .								
Name & Address of Employer: (Attach employment verification letter)								
Name:								
Address:	Street:							
	City				State		Zip	
Total balance of applicant's qualifying education debt: _____								
Loans Payable:								
Owed To				Date of Loan		Original Amount		Present Balance
<i>(Use extra paper if necessary. Attach copies of the most recent account statements for eligible loans.)</i> Note: The lender listed first will be the one to which payments of John R. Justice funds are made if the applicant is selected.								
Adjusted Gross Income: _____ (Attach a copy of your most recent I.R.S. Form 1040)				Annual Salary: _____				
Certification I certify that the information provided on this form and the attachments thereto is correct and that the loans for which I am seeking reimbursement assistance meet the eligibility criteria of the John R. Justice Loan Repayment Program.								
(Print Name)								
(Signature)				(Date)				