



Virginia Department of Criminal Justice Services

FFY 26 John R. Justice Loan Repayment Program Renewal 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)		