

STATEMENT OF SUMMER EARNINGS

School of Law Office of Student Financial Services

| Student Name: | | N# | # : | | Year: 20 |
|--|---|--|--------------------------------|---------------------|--|
| Law School Year Completed: | ☐ 1L | Transfer Student: | ☐ Yes | ☐ No | |
| | ☐ 2L | | | | |
| | □ 3L | | | | |
| | ☐ If unsure, p | lease list the total full-time | e semesters c | completed at the La | w School: |
| Complete the following section the Public Interest Law Center the position in the space provof total earnings from the emp | r (PILC), please indicated in the control of the position in the control of the position in the control of | dicate that by checking to on was not acquired thro | the appropria ough PILC, tl | ate box and includ | submitted with confirmation |
| Employer Name: | | | | Job Title: | |
| | | End Date: | | // | PILC: _YesNo |
| Total Earned (Gross): \$ | | | | | |
| Employer Name: | | | | Job Title: | |
| Start Date:/_ | / | End Date: | / | / | PILC: _YesNo |
| Total Earned (Gross): \$ | | | | | |
| Please use the space provide | d below if you feel | further explanation is n | eeded for an | v of the informati | on provided on this form. |
| Comments: | • | • | | - | • |
| | | | | | |
| | | | | | |
| I certify to the best of my kno Student Financial Services of | | | | | ırate. I will inform the Office of y. |
| Signature: | | | Dat | re: | |
| Please return completed form | s to the Office of S | Student Financial Servic | es: | law.lrap@n | yu.edu |

As of March 2020, The Office of Student Financial Services is working remotely and cannot accept documents by mail or fax. Please be sure to send the documents by email or follow up with the office if you have any difficulty doing so.