



New York University
A private university in the public service

STATEMENT OF SUMMER EARNINGS
 (***)Complete one form for each of your law school summers, including the summer after graduation; make copies of the form as necessary for multiple employers)

School of Law, Office of Student Financial Services

Last Name: _____ First Name: _____ Email: _____

SSN or Univ. ID #: _____ Actual/Expected graduation date: ____/____/20____ Joint degree student? Yes ___ No ___

This form pertains to my (check one): 1L summer _____ 2L summer _____ Summer after graduation _____

- Check here if your **only source** of income from work during the above identified summer was the **PILC** summer program - complete **Part A** for each employer.
- Check here if you were **not** a **PILC** summer program participant and verify your employment information during your law school summers - complete **Part B** for each employer.
- Check here if you received **PILC** summer funding **AND** income from work from **another source** - complete **Parts A and B** for each employer.
- Check here if you had **multiple non-PILC employers** – complete **Part B** and attach (make copies of this form as necessary for multiple employers).
- Check here if you did not work, indicating the period of unemployment (dd/mm/yy): from _____ to _____.

PART A

PILC Employer Name	
Position/Job title	
Total # of wks employed	
Employment start and end dates	From ____/____/____ to ____/____/____
\$ Amt received from employer, if any (attach copy of paystub)	

PART B

Non-PILC Employer Name	
Position/Job title	
Total # of wks employed	
Employment start/end dates	From ____/____/____ to ____/____/____
How often are (were) you paid?	(Check one) Weekly _____ Biweekly _____ Monthly _____
Gross earnings per pay period	\$ _____
Total gross earnings with employer (attach copy of final pay stub)	\$ _____

I certify to the best of my knowledge that the information provided on this application is complete and accurate. I will inform the Office of Student Financial Services of change(s) in any circumstance(s) which may affect my eligibility to receive financial aid. I understand that the Office of Student Financial Services may request additional documentation in support of this application. I also acknowledge that, if I do not immediately comply with requests for supporting documentation, my financial aid award will be forfeited or my LRAP application will be denied.

Signature _____

Date _____

Return to:
 NYU School of Law, Student Financial Services, 245 Sullivan Street, 4th Floor, New York, NY 10012
 or fax to (212) 995-4525