

**Faculty Loan Repayment Program (FLRP)
Disadvantaged Background School Certification**

Name of Applicant: _____

Name of Institution: _____

This certifies that the above named individual was determined to be from a disadvantaged background, according to the FLRP definition, while attending this institution. The individual was from an **(choose one)**:

Environmentally Disadvantaged Background (Please provide specifics):

Economically Disadvantaged Background (Please provide the family size and [family income](#) for the year(s), up to the completion of the applicant's undergraduate studies, based on applicant's parent's Federal income tax returns.

Certifying Official

Name: _____ Date: ____ / ____ / ____

Title: _____

Phone: ____ - ____ - ____ Fax: ____ - ____ - ____

E-mail: _____

WARNING: ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT OR MISREPRESENTATION ON THIS FORM IS SUBJECT TO PENALTIES WHICH MAY INCLUDE FINES AND IMPRISONMENT UNDER FEDERAL STATUTE.