

LAWYER LICENSING PROCESS

Repayable Allowance Program Application Form

Please read the following instructions carefully before completing this application form:

Application Deadline: Application forms must be submitted at least **30 business days prior to the date on which the funding is required** to allow sufficient time for consideration.

The Repayable Allowance Program Committee (the "Committee") meets periodically and communicates decisions to candidates directly via their email address on file.

Applications received after the deadline will be reviewed by the Committee at the next Committee meeting. Funding that is awarded for approved applications may not be available prior to the registration deadline. It is the applicant's responsibility to ensure that any necessary financial and/or program arrangements are made accordingly.

Eligibility and Requirements: Applicants must be registered in the lawyer licensing process. Applicants must also be scheduled to sit the lawyer licensing examination(s), have secured an articling position, or be registered in the Law Practice Program.

Applicants must have exhausted all other funding options. Applications for funds related to examination fees are considered by the Committee for the next available examination sitting.

Please complete this application form electronically and attach all required supporting documentation. Please note: Microsoft Edge does not fully support Adobe forms. In order to successfully complete this form, please open the form using Adobe Acrobat Reader or if using a browser, please use Google Chrome or Internet Explorer.

Applications are not to be submitted more than 3 months prior to when funding is required. **For more information on when fees are required to be paid by, please refer to the Dates to Remember page online. Incomplete applications will not be considered.**

Candidate Legal Name:

Candidate ID#:

Mailing Address:

Daytime Phone Number:

Email:

1. Please fill out the required education information:

Type of degree:

Degree awarded or expected date:

Has the Law Society received your final official transcript? Yes No

If no, please indicate when the transcript or Certificate of Qualification is expected to be submitted by the law school or NCA:

2. Please check which component(s) of the Licensing Process you require funding for:

Barrister Licensing Examination: June November March

Solicitor Licensing Examination: June November March

Barrister study materials

Solicitor study materials

Articling Program

Law Practice Program

Living expenses during the Licensing Process

3. Experiential Training:

For applicants participating in the Articling Program:

- Select one:
- I have secured an articling position but have not commenced my articles yet.
 - I am currently completing my articles.
 - I have completed my articles.
 - I have not secured an articling position yet.

Term of Service under Articles:

Start Date: _____ End Date: _____
 Firm/Entity Name: _____ City: _____
 Gross Articling Salary for the above-noted period: \$ _____

For applicants participating in the Law Practice Program:

- Select one:
- I am registered in the LPP but have not commenced it yet.
 - I am currently completing the LPP.
 - I have completed the LPP.

Gross Salary for the placement component of the LPP \$ _____

4. The Law Society of Ontario is committed to principles of equity and diversity, and seeks to address the potential under representation in the Ontario legal profession of the communities listed below. Accordingly, additional consideration will be given to individual applicants from these communities. If you are a member of any of these communities and wish this to be taken into consideration in your application, please check the box(es) that apply to you:

<input type="checkbox"/> Indigenous Peoples	<input type="checkbox"/> Francophone	<input type="checkbox"/> Lesbian/Gay/Bisexual	<input type="checkbox"/> Transsexual/Transgender
<input type="checkbox"/> Racialized Community	<input type="checkbox"/> Mature Candidate (40 years of age or older)	<input type="checkbox"/> Women	<input type="checkbox"/> Persons with Disabilities

5. Spousal Status:

- Single (includes separated, divorced and widowed)
- Married or common-law relationship (Note: The word “spouse” includes a common-law partner or married spouse.)

If you are married or in a common-law relationship, you must provide the following information:

- a) Is your spouse a full-time student? Yes No
- b) Spouse’s expected income from all sources for the period of January 1 to December 31 of the current year:
 Gross Income: \$ _____ Net Income: \$ _____

Documentation of your spouse’s income must be attached, including his or her Canada Revenue Agency Notice of Assessment for the previous year. If your spouse is self-employed, a copy of such spouse’s financial statement and most recent Notice of Assessment is required.

6. Number of dependants living with you: _____ Ages: _____ N/A

- If you are a sole-support parent you must provide a copy of your Child Tax Benefit Notice.
- If your dependant(s) are 19 years of age or older, you must attach a letter setting out relevant details.

7. Do you live with someone other than a spouse or common-law partner who is providing you with financial support?

Yes No

8. Your expected net income from all sources from January 1 to December 31 of the current year:

\$ Source(s) of income:

A. Monthly Income

Monthly Income Source:

Net income from employment/LPP/articling \$

Spouse's net income..... \$

Child support received \$

Spousal support received..... \$

Government Program (EI, Child Tax Benefit, Ontario Works, Family Benefits, Canada Pension, etc.) \$

Specify:

Other Income: (monetary assistance from family, pension, stock dividends, rental income, etc.)..... \$

Specify:

Total Monthly Income: \$ (A)

B. Monthly Expenses

Home:

Rent Mortgage and property taxes.....\$
Utilities (electricity, water, natural gas).....\$
Telephone.....\$

Vehicle:

Lease Loan Payment.....\$
Cost of operating (maintenance, repairs etc.).....\$
Gas/Parking.....\$

Transit:

Local Transit.....\$
GO Transit.....\$

Household:

Food (meal in).....\$
Food (meal out).....\$
Personal supplies.....\$

Debt Payments:

Credit card payments (attach documentation if payments exceed \$50 per month
but redact credit card numbers).....\$
Student line of credit (interest only).....\$

Health & Insurance:

Life Insurance.....\$
Vehicle Insurance.....\$
Dental.....\$
Prescription.....\$

Childcare or Support:

Childcare expense.....\$
Child support you pay.....\$
Spousal support you pay.....\$

Other Expenses:

Specify: \$

Total Monthly Expenses: \$ (B)

C. Net Surplus / Deficit

Total Monthly Income (A) \$ _____ minus Total Monthly Expenses (B) \$ _____ =
 \$ _____ (C)

A copy of your Canada Revenue Agency Notice of Assessment for the previous year must be provided with this application. This application will not be considered without it.

9. Provide details of all currently held assets (and that of spouse, if applicable):

Assets	Year Purchased	Purchase Price	Gross Value	Amount Owing	Net Value
Own a home/property Co-own a home/property					
Own a Vehicle Year: Make: Model of Vehicle(s):					
Term Deposits					
RRSPs Only those RRSP investments that are deemed as completely inaccessible under the <i>Income Tax Act</i> (that is, by law, the investor cannot withdraw the funds until he or she reaches the age of 65 years) are considered "locked in". Do not include "locked in" investments. RRSP investments that can be accessed with a financial penalty are not considered as "locked in".					
Other Investments Specify:					
Cash on hand (all bank and other financial institution balances)					
Other individual assets of \$1,000 value or greater. Specify:					
				Total Net Value: \$	

10. Please indicate if you have previously applied for student funding from a financial institution:

Yes

Financial institution:

Amount requested: \$

Please provide supporting documentation (current date) outlining your available credit and balance owing to your financial institution.

Requested funding from a financial institution was declined.

If your application for student funding was declined, you must provide written proof (e.g., a current dated letter from the financial institution).

No, I have not applied for funding from a financial institution. Please explain below:

11. Indicate current amount outstanding on the following:

Loans from family/friends that must be repaid	\$
Government student loans (e.g., CSL/OSL).....	\$
University-operated loans.....	\$
Bank/other institutional loans.....	\$
Credit Card.....	\$
Total Current Amount Outstanding	\$

Please note that you are required to provide proof to the Law Society of outstanding student loans greater than \$25,000 and may be required to provide proof of any other outstanding loans.

12. Have you ever received financial assistance from the Law Society? Yes No

If yes, detail the total amount: \$

Date received:

13. Please state the amount of Repayable Allowance requested on this application (a maximum of **\$5,000 per year, to a total of \$10,000 per candidate**): \$

14. How do you intend to pay your licensing process fees if you do not receive a Repayable Allowance? (e.g., self, firm)

APPLICANT'S DECLARATION

I HEREBY DECLARE that the information contained in this application is complete and true in all respects. I understand that the information I have provided may be subject to verification by the Law Society.

I understand that a falsified application and/or any attempt to mislead the Law Society will result in dismissal of my application. I understand that any falsified application and/or attempt to mislead the Law Society will be considered in the assessment of any subsequent application I may submit. I further understand that **a falsified application and/or any attempt to mislead the Law Society is a breach of the *Rules of Professional Conduct* and may result in a determination that I should not be licensed by the Law Society and/or disciplinary proceedings against me.**

In the event that this application is approved, I agree to sign a Repayable Allowance Agreement for the amount awarded to me by the Law Society of Ontario. I also agree that, on a confidential basis, my name and the general financial circumstances that led to the awarding of the financial assistance may be disclosed to Convocation and the appropriate Benchers committees.

Signature:

Date:

By typing your name into the signature field you agree that you are signing this form electronically and that your electronic signature is the legal equivalent of your manual signature on this form.

Please submit the completed application and all supporting documentation to Licensingprocess@lso.ca.

Supporting Documentation

Please ensure all applicable supporting documentation is included. **Incomplete applications will not be reviewed.**

Please indicate all supporting documentation included in your application:

Child Tax Benefit Notice re: proof of dependants (sole-support parent candidates only).

Letter re: dependant(s) 19 years of age or older.

Spouse or common-law partner's financial statement and Canada Revenue Agency Notice of Assessment from the previous year.

Credit card statement(s) (if payments exceed \$50 per month). Please redact your credit card number before submitting a statement.

Canada Revenue Agency Notice of Assessment for the previous year.

Documentation verifying your student funding from a financial institution.

Letter from a financial institution declining your application for student funding.

Letter from the National Student Loans Service Centre or equivalent verifying your outstanding student loan balance.

Letter from any other lender (e.g., a university) verifying your outstanding student loan balance.