

South Dakota John R. Justice Grant Program

2025 APPLICATION

Please type or print your answers.

Section A

Applicant Information

Name:

Home Address:

City:

State:

Zip Code:

Home Phone:

Cell Phone:

Home E-mail Address:

Social Security Number:

Work Phone:

Work E-mail Address:

Employment

Position: ☐ Prosecutor ☐ Public Defender

Employer:

Date of Hire:

Are you employed full-time (not less than 75 percent of a 40 hour work week?) ☐ Yes ☐ No

Licensure

State(s) in which you are licensed to practice law:

License number in South Dakota or another state (if federal prosecutor or public defender):

Degree

Law degree from:

Law school graduation year:

Survey

Has the JRJ Program impacted your decision to apply for a government position?

Has the JRJ Program impacted your decision to remain employed with a government entity?

Section B

Educational Debt

The following loans are eligible for repayment with John R. Justice Student Loan Repayment Program funds:

- (1) A loan made, insured, or guaranteed under part B of subchapter IV of chapter 28 of Title 20 (Federal Family Education Loan Program);
- (2) A loan made under part C or D of subchapter IV of chapter 28 of Title 20 (William D. Ford Federal Direct Loan and Federal Perkins Loans);
- (3) A loan made under section 1078-3 or 1087e(g) of Title 20 (Federal consolidation loans and Federal Direct Consolidation loans, respectively).

The account statement MUST contain the following information or the information can be written on the copy of the account statement.

- The exact spelling of your name on the account
- Name and Address of Lender/payment mailing address
- Account Number
- Applicant's Social Security Number
- Type of Loan (Federal Direct, etc.)
- Outstanding Balance
- Loan Status (current, deferral, etc.)

List all loans. The first listed loan will be the one that your award is paid to. You must submit a copy of a recent account statement for the loan you would like an award to be applied to. If funds awarded are sufficient to completely pay the balance due on the first listed loan, the excess of the award will be paid to the second loan listed.

Lender/Servicer: _____

Lender **PAYMENT** mailing address: _____

Outstanding balance: _____ Monthly payment: _____

Lender/Servicer: _____

Lender **PAYMENT** mailing address: _____

Outstanding balance: _____ Monthly payment: _____

Lender/Servicer: _____

Lender **PAYMENT** mailing address: _____

Outstanding balance: _____ Monthly payment: _____

Lender/Servicer: _____

Lender **PAYMENT** mailing address: _____

Outstanding balance: _____ Monthly payment: _____

TOTAL Outstanding Balance: _____ **TOTAL Monthly Payment:** _____

Applicants Signature

I understand that an application packet will not be considered complete unless the following supporting documentation is submitted:

1. **Application – Sections A, B, and Signature Page:** Complete, sign, and submit by deadline date.
2. **Employment Verification Form:** Complete the top portion of the *Employment Verification* form and have your employer complete the lower portion of the form.
3. **Proof of Loans:** Submit a copy of a recent account statement for the loan you would like an award to be applied to. Please make sure the statement contains the loan account number.
4. **Release of Information:** Submit a release for each lender under consideration.
5. **Service Agreement:** Complete and sign the John R. Justice Student Loan Repayment Program Service Agreement that applies to you.

I understand that the full application packet must be received by **January 31, 2026**.

All the information on this application is true and complete to the best of my knowledge. If asked by South Dakota John R. Justice Loan Repayment Program, I will provide proof of the information I have given on this application.

Applicant's Signature

Date

Applications and supporting documentation must be submitted to the designated State agency:

**Susan Zilverberg
Office of Attorney General
1302 E SD Highway 1889, Suite 1
Pierre, SD 57501**

For more information about this program, please call 605-773-3215.

**South Dakota John R. Justice Grant Program
Employment Verification**

Section A - to be completed by applicant

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

I authorize my employer to provide the employment information requested by the South Dakota John R. Justice Student Loan Repayment Program.

Applicant's Signature Date

Section B - to be completed by employer

The above-named employee has applied for benefits from South Dakota John R. Justice Student Loan Repayment Program. Please complete the following section and return this form to the applicant.

Job Title of Employee: _____

Date of Hire: _____

Is the applicant employed full-time (not less than 75 percent of a 40 hour work week?) ☐ Yes ☐ No

Name of Organization: _____

Office location (city) of employee: _____

Current Annual Salary: _____

I certify that the information provided above is true and complete to the best of my knowledge and that the applicant meets the South Dakota John R. Justice Student Loan Repayment Program's eligibility definition of prosecutor or public defender.

Employer's Signature Date

Printed name: _____

Title: _____

Telephone number: _____

E-mail: _____

South Dakota John R. Justice Student Loan Repayment Program Release of Information

Complete the releases below to give permission to the South Dakota John R. Justice Student Loan Repayment Program to obtain additional information, if needed, for each loan under consideration.
Make copies of the form if needed for multiple lenders.

Release – to be completed by applicant

Account Number: _____ Date of Birth: ____/____/____

Last Name: _____ First Name: _____ MI: _____

Permanent Mailing Address: _____

City: _____ State: _____ Zip Code: _____

I authorize my lender, _____, to provide the loan information requested by the South Dakota John R. Justice Student Loan Repayment Program.

Applicant's Signature Date

Release - to be completed by applicant

Account Number: _____ Date of Birth: ____/____/____

Last Name: _____ First Name: _____ MI: _____

Permanent Mailing Address: _____

City: _____ State: _____ Zip Code: _____

I authorize my lender, _____, to provide the loan information requested by the South Dakota John R. Justice Student Loan Repayment Program.

Applicant's Signature Date

Release - to be completed by applicant

Account Number: _____ Date of Birth: ____/____/____

Last Name: _____ First Name: _____ MI: _____

Permanent Mailing Address: _____

City: _____ State: _____ Zip Code: _____

I authorize my lender, _____, to provide the loan information requested by the South Dakota John R. Justice Student Loan Repayment Program.

Applicant's Signature Date