

LOW INCOME PROTECTION PLAN
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FIRM SPONSORED FELLOWSHIP FORM

I, _____, understand that that I am entering a position at a firm-sponsored fellowship at _____. I understand the following policy applies to my LIPP assistance while receiving an award for employment in a firm-sponsored fellowship:

LIPP will offer me coverage in the case of firm sponsored fellowships under the terms applying to [judicial clerkships](#). LIPP assistance is available to me because I intend to enter a LIPP-eligible position during my deferral/fellowship and intend to remain in a LIPP eligible position and receiving LIPP funding, at the end of that period. Full repayment of the LIPP benefits received will be required of me if I enter a LIPP-ineligible position for any length of time at the end of the fellowship period.

If I do not remit my payment of the balance owed in full in the time period indicated on my repayment notice, the balance will be turned over to the Harvard Student Loan Office and converted to a loan, for which a promissory note must be signed.

Signature: _____ Date: _____
