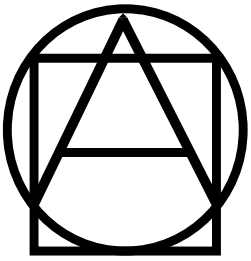
CO-OP LOAN APPLICATION

Fax 937-769-1310
Email coop@antioch-college.edu



Name_____ Date_____

Local Phone_____ Amount Requested_____

Permanent Phone_____ Mobile Phone_____

Local Address_____

Email Addresses_____

Permanent Address_____

_____

Reasons for Loan

Proposed Conditions of Repayment (include time period and amount of payment)

CO-OP REGISTRATION

Employer_____ Job Supervisor_____

Student Signature_____

Co-op Advisor_____

Approved by_____ Co-op Loan Fund 410-95202-1350