



THE INSTITUTE OF THERAPEUTIC MASSAGE, INC.

PH #: 866-897-0949

FAX #: 419-523-9152

A PROFESSIONAL EDUCATION FOR A PROFESSIONAL CAREER

Financial Assistance Application Section B Co-Borrowers Information

Return the completed application via e-mail to kumeyer@bright.net or fax the completed application to 419-523-9152.

Applicants Name: _____ Date _____

IMPORTANT INFORMATION ABOUT PROCEDURES FOR APPLYING FOR A STUDENT LOAN: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who applies for a loan. What this means for you: When you apply for a student loan, we will ask you for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Personal Data:

Driver License Number: State: _____ # _____ Social Security # _____

Relationship to Applicant _____ Date of Birth _____

Full Name _____ E-Mail _____
Last First MI

Home Phone _____ Work Phone _____

Home Address _____
Street Address or PO Box City State Zip

Housing cost:

Own Rent Live with relative/other. How long at current address? Years _____ Months _____

Less than 1 year:

Prior address: _____
Street Address or PO Box City State Zip

If applicable, _____
Monthly Mortgage/Rent Approx. mortgage balance Approx. home value

Employment::

Employer Name _____ Gross Annual Salary _____

Employer Address _____
Street Address or PO Box City State Zip

Position / Title _____ How Long? Years _____ Months _____

Less than 1 year:

Previous Employer _____ How Long? Years _____ Months _____

Reference:

Name _____ Phone # _____ Relationship _____

Home Address _____
Street Address or PO Box City State Zip

Co-borrower Signature _____ Date _____

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