

**ATTACHMENT 6**

**ILLINOIS COOPERATIVE WORK STUDY PROGRAM  
FY2021 PARTICIPATING EXTERNAL EMPLOYERS**

Please list all participating employers who have submitted letters of intent to participate in the program. Employers must be external and not associated with the institution receiving the award.

External Employer Name

Matching Contribution

1.		\$	
2.		\$	
3.		\$	
4.		\$	
5.		\$	
6.		\$	
7.		\$	
8.		\$	
9.		\$	
10.		\$	
11.		\$	
12.		\$	
13.		\$	
14.		\$	
15.		\$	
16.		\$	
17.		\$	
18.		\$	
19.		\$	
20.		\$	
21.		\$	
22.		\$	
23.		\$	
24.		\$	
25.		\$	
26.		\$	
27.		\$	
28.		\$	
29.		\$	
30.		\$	
TOTAL Contributions from Employers		\$	