



Application for Grant

For Individual and/or Family

Must be a member of The Energy Cooperative

The Energy Cooperative Round Up Foundation, Inc.

1500 Granville Rd.

P.O. Box 4970

Newark, OH 43058-4970

Amount Requested _____

1. Name: _____
Last First Middle

2. Social Security of Individual Applicant: _____

3. Other Members of Household:

	Last Name	First	Middle	Relationship
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____

4. Address: _____
Street or Post Office Box

_____ City or Town State Zip Code

5. Phone Number: _____
Home Work

6. Employer of those listed in No. 1 and No. 2 above:

(1) _____
Name Supervisor

_____ Address Phone

(2a) _____ Supervisor
Name

_____ Phone
Address

(2b) _____ Supervisor
Name

_____ Phone
Address

(2c) _____ Supervisor
Name

_____ Phone
Address

(2d) _____ Supervisor
Name

_____ Phone
Address

(2e) _____ Supervisor
Name

_____ Phone
Address

7. Reason for Request for Grant: (Include amount requested and specific use of funds.)

8. Is individual or family receiving any other form of assistance or aid for above stated

request (donations, insurance, etc.)? Yes No

If yes, please list:

9. Statement of Financial Condition as of _____, 20__ .

ASSETS

AMOUNTS

Cash

		\$ _____
Banking Institution	Acct. No.	
		\$ _____
Banking Institution	Acct. No.	
		\$ _____
Banking Institution	Acct. No.	

Real Estate

		\$ _____
Partial or Wholly Owned	County	Market Value
		\$ _____
Partial or Wholly Owned	County	Market Value
		\$ _____
Partial or Wholly Owned	County	Market Value

Securities

		\$ _____
Description	Identification No.	Value
		\$ _____
Description	Identification No.	Value
		\$ _____
Description	Identification No.	Value

Other Receivables (State Type: Personal Property, Loan Receivable, Auto, Life Insurance (Cash Value) Other Assets. Include description, account number, etc.)

		\$ _____
Type		Value
		\$ _____
Type		Value

		\$ _____
Type		Value
		\$ _____

	Type	Value
TOTAL ASSETS		\$ _____

LIABILITIES AMOUNTS

Notes Payable	_____	\$ _____
	Lender's Name	
	_____	\$ _____
	Lender's Address	
	_____	\$ _____
	Lender's Name	
	_____	\$ _____
	Lender's Address	
	_____	\$ _____
	Lender's Name	
	_____	\$ _____
	Lender's Address	

Mortgage	_____	\$ _____
	Mortgagor's Name	
	_____	\$ _____
	Mortgagor's Address	
	_____	\$ _____
	Mortgagor's Name	
	_____	\$ _____
	Mortgagor's Address	

Other Debt (State Type: Taxes, Bills Outstanding, Other)

_____	\$ _____
Type	
_____	\$ _____
Type	
_____	\$ _____
Type	
_____	\$ _____
Type	

TOTAL LIABILITIES	\$ _____
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MONTHLY EXPENSES AMOUNTS

Housing	Mortgage___ Rent___	\$ _____
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Food		\$ _____
Utilities	Electricity	\$ _____
	Gas	\$ _____
	Telephone	\$ _____
Transportation	Automobile Payments	\$ _____
	Gasoline	\$ _____
Insurance	Medical	\$ _____
	Life	\$ _____
	Automobile	\$ _____
Medical	Doctors	\$ _____
	Hospital	\$ _____
	Medication	\$ _____
Charge Accounts (Specify)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
Loans (Specify)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
Taxes (Specify)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
Other Expenses (Specify)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
TOTAL MONTHLY EXPENSES		\$ _____
SOURCES OF MONTHLY INCOME		AMOUNTS
Salary	_____	\$ _____
	Employer's Name	
Bonus, Tips, & Commissions	_____	\$ _____
Dividends & Interest	_____	\$ _____

Real Estate Income _____ \$ _____

Farm Income _____ \$ _____

Other: (Please State: Alimony, Child Support, Other)

_____ \$ _____

_____ Type _____ \$ _____

_____ Type _____ \$ _____

_____ Type _____ \$ _____

_____ Type _____ \$ _____

TOTAL SOURCES OF MONTHLY INCOME \$ _____

10. Please list three references. (May not be a director, officer or employee of Licking Rural Electrification, d.b.a. The Energy Cooperative, subsidiary, or The Energy Cooperative Round Up Foundation, Inc.)

Name		Phone	
Address	City	State	Zip Code
Name		Phone	
Address	City	State	Zip Code
Name		Phone	
Address	City	State	Zip Code

The information contained in this statement is for the purpose of obtaining funding from The Energy Cooperative Round Up Foundation, Inc. on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding to grant funding, and each undersigned represents and warrants that the information provided is true and complete and that The Energy Cooperative Round Up Foundation, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Energy Cooperative Round Up Foundation, Inc. is authorized to

make all inquiries they deem necessary to verify the accuracy of the statements made herein.

Please note,

- 1) We respect your privacy and we do not publicly share the names of those individuals receiving funding, unless we have their permission to do so. We do, however, publish the amount of the funding required by law or given and the nature of the funding in order to share this information with those who donate to the fund.
- 2) In addition, we ask that you provide the Foundation with information to substantiate use of the funds awarded, such as copies of invoices, pictures of equipment purchased, or a statement specifically describing how the funds were used.

SIGNATURE OF APPLICANT/RECIPIENT

SIGNATURE OF SPOUSE

DATE