



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. Other Members of Household:

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

3. Address: _____
Street or Post Office Box

_____ City or Town State Zip Code

4. Phone Number: _____
Home Work

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

(1) _____
Name Supervisor

_____ Address Phone

(2a) _____
Name Supervisor

Address Phone

(2b) _____
Name Supervisor

Address Phone

(2c) _____
Name Supervisor

Address Phone

(2d) _____
Name Supervisor

Address Phone

(2e) _____
Name Supervisor

Address Phone

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

7. 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:

8. 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

_____ \$ _____

_____ Type

TOTAL LIABILITIES \$ _____

MONTHLY EXPENSES AMOUNTS

Housing Mortgage___ Rent___ \$ _____

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 \$ _____

9. 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