



# Application for Grant

For Individual and/or Family

## 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:

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

Securities

Description	Identification No.	\$			
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	\$			
	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 \$ \_\_\_\_\_

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) \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_



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 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