

(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 Donation: (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

\$

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 or employee of Consolidated Electric Cooperative, Consolidated Electric's subsidiary companies, or the Consolidated Electric Foundation.)

Name	Phone		
<hr/>			
Address	City	State	Zip Code
<hr/>			
Name	Phone		
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Address	City	State	Zip Code
<hr/>			
Name	Phone		
<hr/>			
Address	City	State	Zip Code

The information contained in this statement is for the purpose of obtaining funding from the Consolidated Electric Foundation 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 Consolidated Electric Foundation may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Consolidated Electric Foundation 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 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 the funds awarded, such as copies of invoices, pictures of equipment purchased, or a statement specifically describing how the funds were used. This information is required for accounting and legal purposes only.

SIGNATURE OF APPLICANT/RECIPIENT

SIGNATURE OF SPOUSE

DATE