



Orange County REMC
Your Touchstone Energy® Cooperative

Orange County Rural Electric Community Fund, Inc.
PO Box 208
Orleans IN 47452
(812) 865-2229 or (888) 337-5900

INDIVIDUAL AND/OR FAMILY APPLICATION FOR DONATION

Please type or print all information

Name of Applicant: _____

Members of Household:

<u>Last Name</u>	<u>First Name</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mailing Address: _____

Phone Number: Home: _____ Cell: _____
Other: _____

Employers of those listed above:

Name/Business: _____ Phone Number: _____
Address: _____ Supervisor: _____

Name/Business: _____ Phone Number: _____
Address: _____ Supervisor: _____

Name/Business: _____ Phone Number: _____
Address: _____ Supervisor: _____

Name/Business: _____ Phone Number: _____
Address: _____ Supervisor: _____

Amount Requested: _____

Reason for Donation Request: (Please be specific) _____

Is individual and/or family receiving any other form of assistance or aid for above stated request (donations, insurance, etc.)? Yes _____ No _____

If Yes, please specify: _____

Statement of Financial Condition as of application date: _____

SOURCES OF MONTHLY INCOME		AMOUNT
Salary	Employer's Name: _____ _____	_____
Bonus, Tips & Commissions:	_____	_____
Dividends & Interest:	_____	_____
Real Estate Income:	_____	_____
Farm Income:	_____	_____
Other: (alimony, child support, SSI, disability, other)	Type: _____ Type: _____	_____
TOTAL SOURCES OF MONTHLY INCOME		_____

Assets (Please list all)		AMOUNT
Cash	Banking Institution _____ Account Number: _____	_____
Savings	Banking Institution _____ Account Number: _____	_____
Real Estate	Partially Owned _____ Fully Owned _____ County _____	Market Value _____
	Partially Owned _____ Fully Owned _____ County _____	Market Value _____

Other Assets (stocks, bonds, personal property, auto, loan receivable, life insurance (cash value) Include description, account number, etc.	AMOUNT
_____	_____
_____	_____
_____	_____

Please list three references. (May not be a director or employee of Orange County REMC or a member of the Operation Round Up Board of Trustees.)

Name _____	Phone Number: _____
Address: _____	Relationship: _____
Name _____	Phone Number: _____
Address: _____	Relationship: _____
Name _____	Phone Number: _____
Address: _____	Relationship: _____

Please include any other pertinent information which would aid in the evaluation of your grant request:

The information contained in the statement is for the purpose of obtaining funding from the Orange County Rural Electric Community Fund, 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 Orange County Rural Electric Community Fund, Inc., may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Orange County Rural Electric Community Fund Inc., is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein. This information will be held in confidence, for use by the Board of Trustees only.

Signature of Applicant/Recipient: _____

Signature of Spouse: _____

Date: _____