



(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	
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 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.

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SIGNATURE OF APPLICANT/RECIPIENT

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SIGNATURE OF SPOUSE

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DATE