

(2d) _____
Employer Name

Supervisor

Employer Address

Phone

(2e) _____
Employer Name

Supervisor

Employer Address

Phone

6. Reason for request for donation: (Include amount requested and specific use of funds. If request is for children, include age and size)

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

8. Statement of financial condition as of _____, 20_____

ASSETS

AMOUNTS

Cash

\$ _____

Banking Institution

\$ _____

Banking Institution

\$ _____

Banking Institution

Real Estate

\$ _____

Partial or Wholly Owned

\$ _____

Partial or Wholly Owned

\$ _____

Partial or Wholly Owned

Securities

\$ _____

Description

\$ _____

Description

\$ _____

Description

Other Receivables: (State type: personal property, loan receivable, auto, life insurance (cash value), other assets. Include description, etc.)

Type

\$ _____
Value

Type

\$ _____
Value

Type

\$ _____
Value

Type

\$ _____
Value

TOTAL ASSETS

\$ _____

MONTHLY EXPENSES

Housing Mortgage _____ Rent _____ \$ _____

Food \$ _____

Utilities Electricity \$ _____

Gas \$ _____

Telephone \$ _____

Transportation Automobile Payments \$ _____

Gasoline \$ _____

Insurance Medical \$ _____

Life \$ _____

Automobile \$ _____

Medical Doctors \$ _____

Hospital \$ _____

Medication \$ _____

Charge Accounts _____ \$ _____

(Specify) _____ \$ _____

_____ \$ _____

_____ \$ _____

Loan (Specify) _____ \$ _____

(Specify) _____ \$ _____

_____ \$ _____

_____ \$ _____

Taxes _____ \$ _____

_____ \$ _____

_____ \$ _____

Other Expenses (Specify) _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL MONTHLY EXPENSES \$ _____

SOURCES OF MONTHLY INCOME

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 East Central Oklahoma Electric Cooperative or the ECE Foundation, Inc.)

Name: _____ Phone: _____

Address: _____ City, State, Zip: _____

Name: _____ Phone: _____

Address: _____ City, State, Zip: _____

Name: _____ Phone: _____

Address: _____ City, State, Zip: _____

The information contained in this statement is for the purpose of obtaining funding from the ECE 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 ECE Foundation may consider this statement as continuing to be true and correct until a written notice of a change is provided. The ECE Foundation, Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

NAME OF ORGANIZATION/AGENCY

SIGNATURE OF REPRESENTATIVE

DATE

I, _____, hereby consent that the photographs, videos, and/or electronic images for which I posed or which are taken as a result of my participation with ECE Foundation's Operation Round-Up may be used by ECE Foundation, Inc., East Central Oklahoma Electric Cooperative, or Oklahoma Association of Electric Cooperatives, its employees, agents, and representatives, and others authorized by the Foundation ("Indemnitees") in whatever way they may desire, including, but not limited to, media press releases. I consent that any such photographs, films, recordings, electronic images, or other media upon or from which they were made or produced shall be their property, and they shall have the right to duplicate, reproduce and make other such use of said photographs, videos, and/or electronic images and/or audio recordings as they may desire, without any claim on my part. I will defend, indemnify, and hold the Indemnitees and each of them harmless from all liability, damage, loss, and claims arising from or in any way associated with the use by the Indemnitees, or any of them, of the photographs, videos, and/or electronic images and/or audio recordings of myself as described above.

Name _____ Date _____