

Application deadline: \_\_\_\_\_

Meeting date: \_\_\_\_\_

Dear Applicant:

Please be specific with your request and the amount of money you are requesting. If you need more space than is allotted for the information, please attach an additional sheet of paper.

Before submitting application, please make sure you have reviewed and completed (i.e. can answer 'Yes') the following check list:

	Yes	No
Is your application complete?	___	___
Have you specified what you are requesting?	___	___
Have you provided a dollar amount for your request?	___	___
Have you provided estimates and/or invoices with detailed information?	___	___
Have you provided a letter of reference from a case/social worker, doctor, counselor, pastor, teacher, etc? Simple verification of social services received will not qualify.	___	___
Have you provided a copy of some form of identification for dependent children if applicable? (i.e. social security cards, TANF check, etc.)	___	___
Have you provided three references?	___	___
Did you sign your application?	___	___

If you have any questions, please call our office at 217-6710 and we will try to assist you. **Incomplete forms or insufficient information may cause your application to be returned or denied.** You will be notified by mail of the board's decision on funding.

Thank you in advance for your cooperation.

Patti Rogers  
Operation Round-up Coordinator  
Oklahoma Electric Cooperation

**OEC Foundation, Inc.**

P.O. Box 721105  
Norman, OK 73070  
405-217-6710

**APPLICATION FOR DONATION  
FOR INDIVIDUAL AND/OR FAMILY**

1. Name: \_\_\_\_\_

2. Other Members of Household: (include proof of dependency for minor children)

	Last Name	First	Middle	Relationship
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____

3. Address: \_\_\_\_\_  
Street or Post Office Box

\_\_\_\_\_ City or Town State Zip

4. Phone No. \_\_\_\_\_  
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 Donation: (Include amount requested and specific use of funds. If request is for children, include age and size.)

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

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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	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

\_\_\_\_\_

Mortgagor's Name

\$ \_\_\_\_\_

\_\_\_\_\_

Mortgagor's Address

Other Debt (State Type: Taxes, Bills Outstanding, Other)

\_\_\_\_\_

Type

\$ \_\_\_\_\_

\_\_\_\_\_

Type

\$ \_\_\_\_\_

\_\_\_\_\_

Type

\$ \_\_\_\_\_

\_\_\_\_\_

Type

\$ \_\_\_\_\_

TOTAL LIABILITIES

\$ \_\_\_\_\_



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 Oklahoma Electric Cooperative or the OEC 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 OEC 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 OEC Foundation, Inc., may consider this statement as continuing to be true and correct until a written notice of a change is provided. The OEC Foundation, Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.**

\_\_\_\_\_  
**Signature of Applicant/Recipient**

\_\_\_\_\_  
**Signature of Spouse**

\_\_\_\_\_  
**Date**