

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 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 from a case/social worker, doctor, counselor, pastor etc?	___	___
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 feel 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.)

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	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