



AEC FOUNDATION
P.O. Box 39, 121 E Main, Cherokee, OK 73728
580-596-3333 or 1-888-736-3837

APPLICATION FOR DONATION FOR INDIVIDUAL AND/OR FAMILY

1. **Name:** _____
Last First Middle

2. **Date of Birth:** _____ **Age:** _____ **Social Security #:** _____

3. **Other Members of Household:**

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

*Please list additional occupants of household on back of this application.

4. **Address:** _____
Street or P.O. Box

_____ Town State Zip Code

5. **Phone Numbers:** _____
Home Work

6. **Employers of those listed in No. 1 and No. 3 above:**

(1) _____
Company Name Supervisor

_____ Address Phone

(3) _____
Company Name Supervisor

_____ Address Phone

7. Are there any other members of your household earning a regular salary? Yes__ No__

8. List the reasons you are unable to meet your obligations and include amount requested and specific use of funds.

THIS QUESTION MUST BE FILLED OUT BEFORE APPLICATION WILL BE CONSIDERED. (If you need additional room, please use an extra sheet of paper).

9. Is individual or family receiving other forms of assistance or aid for above-stated request (donations, insurance, etc.)? Yes___ No___ If yes, please list:

10. **REFERENCES.** Please list three references (other than a director or employee of Alfalfa Electric Cooperative, Inc. or Alfalfa Electric Cooperative Foundation, Inc.)

Name Phone

Address City State and Zip Code

Name Phone

Address City State and Zip Code

Name Phone

Address City State and Zip Code

11. **STATEMENT OF SPONSORSHIP.** All applicants must have a sponsor to recommend them for a grant from the foundation.

THIS QUESTION MUST BE FILLED OUT BEFORE APPLICATION WILL BE CONSIDERED.

Sponsors can include churches, civic groups, charitable organizations, etc,

We, the _____
Name of Organization

a _____
Organization Description

sponsor this applicant for a possible grant of funds from the AEC Foundation. We offer the following statement in support of this grant:

Signed: _____ Title: _____

12. **Statement of Financial Condition as of _____, 20____.**

<u>SOURCES OF MONTHLY INCOME</u>	<u>AMOUNTS</u>
Salary _____	\$ _____
Bonus, Tips and Commissions _____	\$ _____
Dividends and Interest _____	\$ _____
Real Estate Income _____	\$ _____
Farm Income _____	\$ _____
Other Income (Alimony, Child Support, Other) _____	\$ _____
<u>TOTAL SOURCES OF MONTHLY INCOME</u>	\$ _____

ASSETS

AMOUNTS

Cash _____ \$ _____

Real Estate _____ \$ _____
Rent or Partial/Wholly Owned? _____ County _____

Securities _____ \$ _____
Description _____ Identification Number _____

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

_____ \$ _____
Type _____ Value _____

_____ \$ _____
Type _____ Value _____

TOTAL ASSETS

\$ _____

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 (please specify) _____ \$ _____

Loans _____ \$ _____

_____ \$ _____

Taxes _____ \$ _____

_____ \$ _____

Other Expense _____ \$ _____

_____ \$ _____

TOTAL MONTHLY EXPENSES

\$ _____

LIABILITIES

AMOUNTS

Notes Payable _____ \$ _____
Lender's Name and Address

Notes Payable _____ \$ _____
Lender's Name and Address

Mortgage _____ \$ _____
Mortgagor's Name and Address

Mortgage _____ \$ _____
Mortgagor's Name and Address

Other Debt: (State type: taxes, outstanding bills, etc.)

_____ \$ _____
Type

Value _____ \$ _____
Type

Value _____ \$ _____
Type

_____ \$ _____
Type Value

TOTAL LIABILITIES

\$ _____

Information contained in this statement is for the purpose of obtaining funding from the Alfalfa Electric Cooperative Foundation, Inc. on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding grant funding, and each undersigned represents and warrants that the information provided is true and complete and that the Alfalfa Electric Cooperative Foundation, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Alfalfa Electric Cooperative Foundation, Inc. is authorized to make all inquiries deemed necessary to verify accuracy of the statements made herein. All information in this application will remain confidential and will be used only for the purpose of determining *ORU* funding eligibility.

Signature of Applicant/Recipient

Date

Signature of Spouse

Date