



# AEC FOUNDATION

P.O. Box 39, 305 W 12th, 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\_\_\_\_.**

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

**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

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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 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