



P.O. Box 1178 ~ Okmulgee, OK 74447  
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APPLICATION NUMBER:



Application for Donation for Individual and/or Family

**Application deadline is 4 p.m. on the 1st day of February, May, August, and November.**  
**An incomplete application may not be considered.**

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

2. Other members of the household: (Proof of Dependency must be provided upon request.)

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

3. Address: \_\_\_\_\_ Email: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

4. Phone Number: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home/Mobile Work

5. Employer of those listed in No. 1 and No. 2 above:

Employer Name _____	Supervisor _____
Employer Address _____	Phone _____
Employer Name _____	Supervisor _____
Employer Address _____	Phone _____
Employer Name _____	Supervisor _____
Employer Address _____	Phone _____
Employer Name _____	Supervisor _____

For completion by the Foundation Board

District    1       2       3       4       5       6       7

Status of Request:    Granted    Denied    Tabled

Date Reviewed: \_\_\_\_\_

Check Number: \_\_\_\_\_

Amount Granted: \_\_\_\_\_

6. Request for donation: (Include amount requested and specific use of funds. If request is for children, include age and size. If request is for repairs, must include two estimates from different contractors. If request is for items to be purchased, must include 2 estimates from different vendors.)

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7. Reason for request and explain current situation:

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8. 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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9. 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	
	_____	\$ _____

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

_____	\$ _____
	Value
_____	\$ _____
	Value
_____	\$ _____
	Value
_____	\$ _____
	Value

TOTAL ASSETS \$ \_\_\_\_\_

MONTHLY EXPENSES

Housing	Mortgage _____ Rent _____	\$ _____
Food		\$ _____
Utilities	Electricity	\$ _____
	Gas	\$ _____
	Telephone	\$ _____
	Water	\$ _____
	Trash/Sewer	\$ _____
	Cable	\$ _____
Transportation	Automobile Payments	\$ _____
	Gasoline	\$ _____
Insurance	Medical	\$ _____
	Life	\$ _____
	Automobile	\$ _____
Medical	Doctors	\$ _____
	Hospital	\$ _____
	Medication	\$ _____
Charge Accounts (Specify)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
Loan(s) (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 \$ \_\_\_\_\_

10. Please list three references. (May not be a director or employee of East Central Oklahoma Electric Co-operative or the ECE Foundation, Inc.) Also, must include a letter of reference. (May not be a relative)

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 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.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
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 \_\_\_\_\_