



# Carroll Electric Cooperative Inc.'s

People for People Fund

PO Box 67  
Carrollton, OH 44615  
(330) 627-2116 or 1-800-232-7697



A Touchstone Energy® Cooperative

## Application for Donation FOR INDIVIDUAL AND/OR FAMILY

### 1. APPLICANT'S PERSONAL INFORMATION

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Phone \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

How Long have you been at current address? \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

How Long did you reside at previous address? \_\_\_\_\_

### 2. AMOUNT REQUESTED

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

### 3. PROPOSED USE OF FUNDS

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**4. INFORMATION REGARDING APPLICANT**

Present Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Occupation \_\_\_\_\_ Date Employed \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Monthly Take Home \_\_\_\_\_

Previous Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Occupation \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Real Estate Owned (include home) \_\_\_\_\_ Address \_\_\_\_\_

Purchase Price \_\_\_\_\_ Date purchased \_\_\_\_\_

Sources of Other Income \_\_\_\_\_

\_\_\_\_\_ Monthly Income \_\_\_\_\_

**5. OTHER MEMBERS OF HOUSEHOLD**

First Name	Middle Initial	Last Name	Relationship	Age	Employed? (If yes, list employer and monthly income)

**6. REFERENCES** *References may NOT be a trustee or employee of Carroll Electric Cooperative, Inc. or the Carroll Electric's People for People Fund.*

**Relative Not Living with You**

Name \_\_\_\_\_ Phone(s) \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Personal References Not Related to Applicant**

Name \_\_\_\_\_ Phone(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Name \_\_\_\_\_ Phone(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**7. ARE YOU RECEIVING OR REQUESTING ANY OTHER FORM OF ASSISTANCE FOR STATED REQUEST**

**(DONATION, GRANT, ETC.)? \_\_\_\_\_ YES \_\_\_\_\_ NO**

If yes, Please list

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**8. ADDITIONAL COMMENTS**

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The information contained in this statement is for the purpose of obtaining funding from Carroll Electric's People for People Fund for the benefit of the undersigned. The undersigned understands that the information provided herein is used in deciding to grant funding and individually represents and warrants that the information provided is true and complete and that the Carroll Electric's People for People Fund may consider this statement as continuing to be true and correct until a written notice of change is provided. The Carroll Electric's People for People Fund is authorized to make all inquiries it deems necessary to verify the accuracy of the statements made herein. All information will be kept in the strictest confidence and will be used for the purposes intended. I understand that the Carroll Electric's People for People Fund has the right to fully audit the use of this donation at any time. I also understand that Carroll Electric's People for People Fund and Carroll Electric Cooperative, Inc. may use this application, if approved, for publicity and promotional purposes, but that my name and address will not be used for this purpose unless approved by me prior to the promotion.

Signature of Applicant/Recipient or Representative/Guardian \_\_\_\_\_

Signature of Spouse/Co-Applicant \_\_\_\_\_

Date \_\_\_\_\_

# **Carroll Electric's People for People Fund**

## **INDIVIDUAL/FAMILY**

### **CHECKLIST**

(Please return with application)

\_\_\_\_\_ Filled out application.

\_\_\_\_\_ Specific details for # 3 - Use of Funds - The board wants detailed breakdown of cost for what is being requested.

\_\_\_\_\_ Copy of your last federal income tax form and W-2.

\_\_\_\_\_ Amount requested.

\_\_\_\_\_ Signed and dated.