

Ouachita Electric Cooperative Trust - Operation Roundup

**APPLICATION FOR DONATION
INDIVIDUAL OR FAMILY**

Revised 01/2007

1. Name: _____
Last First Middle

2. Other Members of Household:
Last Name First Middle Relationship

- a. _____
- b. _____
- c. _____
- d. _____

3. Address: _____
Street or P.O. Box

City State Zip Code

4. Telephone Number: _____
Work Home

5. Employer of Applicant and Spouse:
Applicant:

Name of Employer Supervisor

Address Phone

Spouse:

Name of Employer Supervisor

Address Phone

6. Reason for Donation Request: (Include amount requested and specific use of funds)

7. Have you previously received funding from Operation Roundup?

Yes ___ No ___ (if yes, list the date(s) and amount(s) of funds received)

8. Is individual or family receiving any other form of assistance or aid for above stated request? (donations, insurance, etc.) Yes ___ No ___ (if yes, list the source(s) and amount(s))

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(continued) _____

9. Name, address and phone number of individual or organization familiar you're your situation:

I understand that the information contained in this application is for the purpose of obtaining funding from the Ouachita Electric Cooperative Trust 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 Ouachita Electric Cooperative Trust may consider this statement as continuing to be true and correct until a written notice of change is provided. The Ouachita Electric Cooperative Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statements make herein.

The undersigned hereby agrees to provide documentation for the expenditure described above of any funds received from the Ouachita Electric Cooperative Trust within 30 days of receipt of the funds.

Signature of Applicant/Recipient

Signature of Spouse

Date

FOR OUACHITA ELECTRIC COOPERATIVE TRUST USE ONLY

<input type="checkbox"/> Approved	_____	_____	_____
	Date	Amount	Chairman
<input type="checkbox"/> Denied	_____		_____
	Date		Vice Chairman
<input type="checkbox"/> Conditional Approval	(list conditions separately & attach)		_____
			Secretary/Treasurer
<input type="checkbox"/> Conditions Met	_____	_____	
	Verified by	Date	
<input type="checkbox"/> Check Issued	_____	_____	_____
	Date	Number Amount	Issued by #1 Issued by #2