



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
The power of human connections®

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

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)
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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

8. ADDITIONAL COMMENTS

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.