

(2b)	_____	_____
	Name	Supervisor
	_____	_____
	Address	Phone
(2c)	_____	_____
	Name	Supervisor
	_____	_____
	Address	Phone
(2d)	_____	_____
	Name	Supervisor
	_____	_____
	Address	Phone
(2e)	_____	_____
	Name	Supervisor
	_____	_____
	Address	Phone

Note: The disbursements of these funds are for charitable purposes to individuals and organizations for food, shelter, clothing, health needs and education.

6. Reason for Request for Donation: **(Please itemize the costs and state how the funds will be used. Incomplete applications will be returned.)**

Amount Requested: \$ _____

7. Is individual or family receiving any other form of assistance or aid for above stated request (donations, insurance, etc.)? Yes _____ No _____
If yes, please list:

8. Statement of Financial Condition as of _____, 20__

<u>ASSETS</u>	<u>AMOUNTS</u>
Cash	\$ _____

Banking Institution	Acct. No.
_____	\$ _____
Banking Institution	Acct. No.
_____	\$ _____
Banking Institution	Acct. No.
Real Estate	\$ _____

Partial or Wholly Owned	County
_____	\$ _____
Partial or Wholly Owned	County
_____	\$ _____
Partial or Wholly Owned	County
Securities	\$ _____

Description	Identification No.
_____	\$ _____
Description	Identification No.
_____	\$ _____
Description	Identification No.
_____	\$ _____
Description	Identification No.
Other Receivables (State Type: Personal Property, Loan Receivable, Auto, Life Insurance (Cash Value) Other Assets. Include description, account number, etc.)	
_____	\$ _____
Type	Value
_____	\$ _____
Type	Value
_____	\$ _____
Type	Value
_____	\$ _____
Type	Value
TOTAL ASSETS	\$ _____

SOURCES OF MONTHLY INCOME

AMOUNTS

Salary _____ \$ _____
 Employer's Name

Bonus, Tips, & Commissions _____ \$ _____

Dividends & Interest _____ \$ _____

Real Estate Income _____ \$ _____

Farm Income _____ \$ _____

Other: (Please State: Alimony, Child Support, Other)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL SOURCES OF MONTHLY INCOME \$ _____

9. Please list three references non-related to you. (May not be a director or employee of Amicalola Electric Membership Corporation or Amicalola EMC Trust.)

 Name Phone

 Address City State Zip Code

 Name Phone

 Address City State Zip Code

 Name Phone

 Address City State Zip Code

10. Are you presently contributing to the Operation Round-Up Program? Yes / No (circle one)
11. Are you located within the service area of Amicalola EMC? Yes / No (circle one)

The information contained in this statement is for the purpose of obtaining funding from the Amicalola EMC 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 Amicalola EMC Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Amicalola EMC Trust is authorized to make all inquiries they deem necessary including, but not limited to, a credit bureau history check to verify the accuracy of the statements made herein.

SIGNATURE OF APPLICANT/RECIPIENT

SIGNATURE OF SPOUSE

DATE

Revised: August 2004