	CKenergy Electric Foundation, Inc. P.O. Box 70 Binger, OK 73009 (405) 656-9135 www.ckenergy.coop APPLICATION FOR DONATION FOR INDIVIDUAL AND/OR FAMILY (On this application below, the Foundation has listed a number of items which must be fully answered either in the space provided or on attached exhibits. Missing information will cause the applicant to be notified that it is incomplete and will need to be resubmitted. If that results in missing the application deadline, the completed grant application will be heard the following guarter.)					
1.	Name					
		Last	First	Middle		
2.	Spouse _					
		Last	First	Middle		
3.	Address					
	_	Residence Address		Mailing Address		
		City or Town	State	Zip Code		
4.	Phone N	umber				
		Home (Primary)		Cell		
5.	Employe	-				
	Com	pany		Supervisor		
	Addr	ess		Phone		
	Spou	ise Employer		Supervisor		
	Addr	ess		Phone		

6. Amount Requested\_\_\_\_\_

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	Reason for Request for Donation: (Include specific use of funds
-	
-	
	Is individual or family receiving any other form of assistance or aid above stated request?
	(Food Stamps, AFDC, donations, insurance, etc.) Yes No

## SOURCES OF MONTHLY INCOME

#### AMOUNTS

Salary	\$
Bonus, Tips & Commissions	\$
Dividends & Interest	\$
Real Estate Income	\$
Farm Income	\$

Other: (Please specify: Alimony, Child Support, Social Security, SSI, Other)

	\$
Туре	\$
Туре	\$
Туре	\$
Туре	Ψ

### TOTAL SOURCES OF MONTHLY INCOME

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

1. Please list three references. (Must **NOT** be a director or employee of CKenergy Electric Cooperative or CKenergy Electric Foundation, Inc.)

Name	Phone		
Address	City	State	Zip Code
Name	Phone		
Address	City	State	Zip Code
Name	Phone		
Address	City	State	Zip Code

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# MONTHLY EXPENSES

AMOUNT

Housing	Mortgage Rent	\$
Food		\$
Utilities	Electricity Gas Telephone	\$ \$ \$
Transportation	Automobile Payments Gasoline	\$ \$
Insurance	Medical Life Automobile	\$ \$ \$
Medical	Doctors Hospital Medication	\$ \$ \$
Charge Accounts (Specifiy)		\$ \$ \$
Loans (Specify)		\$ \$ \$
- Taxes (Specify)		\$ \$ \$
Other Expenses (Spec	\$ \$	
- TOTAL MONTHLY EXI	\$ \$	

The information contained in this statement is for the purpose of obtaining funding from the CKenergy Electric Foundation, Inc. on behalf of the undersigned. Each applicant understands the information provided herein is used in the decision process for funding the grant. Each applicant represents and warrants that the information provided is true and **COMPLETE** and that the Board of Trustees of the CKenergy Electric Foundation, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Foundation Board is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein. To avoid delays in possible funding, **ALL** spaces on this application must be filled out in order to submit for grant review. Incomplete applications will be denied until completed and re-submitted resulting in a minimum delay of 3 months for the next regularly scheduled Board meeting. The application deadline is the 25<sup>th</sup> of the month prior to the scheduled meeting. The normal meeting date is the 2<sup>nd</sup> Tuesday of the meeting month. Check the CKenergy website www.ckenergy.coop to find the next scheduled meeting month.

## SIGNATURE OF APPLICANT/RECIPIENT

## SIGNATURE OF SPOUSE

DATE