



APPLICATION FOR DONATION FOR INDIVIDUAL AND/OR FAMILY

1. Name: _____
Last First Middle

2. Other Members of Household:

	Last Name	First	Middle	Relationship
A	_____	_____	_____	_____
B	_____	_____	_____	_____
C	_____	_____	_____	_____
D	_____	_____	_____	_____
E	_____	_____	_____	_____

3. Address: _____
Street or PO Box

City or Town State Zip Code

4. Phone Number: _____
Home Work

5. Employer of those listed in No. 1 and No. 2 above:

(1)	Name	Supervisor
	Address	Phone
(2a)	Name	Supervisor
	Address	Phone
(2b)	Name	Supervisor
	Address	Phone
(2c)	Name	Supervisor
	Address	Phone

(2d) _____

Name

Supervisor

Address

Phone

(2e) _____

Name

Supervisor

Address

Phone

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

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. Please list three references. (May not be a director or employee of Big Horn Rural Electric Company or Big Horn REA Roundup Foundation.)

Name

Address

City

State

Zip Code

Name

Address

City

State

Zip Code

Name

Address

City

State

Zip Code

The information contained in this statement is for the purpose of obtaining funding from the Big Horn REA Roundup Foundation 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 Big Horn REA Roundup Foundation may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Big Horn REA Roundup Foundation is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

Signature of Applicant/Recipient

Signature of Spouse

Date