



Boone REMC Community Fund, Inc.
PO Box 563
Lebanon, IN 46052
765-482-2390 or 800-897-7362

APPLICATION FOR DONATION
FOR INDIVIDUAL AND/OR FAMILY

TYPE OR PRINT ALL INFORMATION

1. Name: _____

2. Other Members of Household:

Last Name	First	Middle	Relationship
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____
d. _____	_____	_____	_____
e. _____	_____	_____	_____

3. Address: _____
Street or Post Office Box

City or Town _____ State _____ Zip _____
4. Phone Number: _____
Home _____ Work _____

5. Employers of those listed in Number 1 and Number 2 above:

_____	_____
Name	Supervisor
_____	_____
Address	Phone Number
_____	_____
Name	Supervisor
_____	_____
Address	Phone Number
_____	_____
Name	Supervisor
_____	_____
Address	Phone Number

6. Reason for Request for Donation: (Include amount requested and specific use of funds. *The maximum grant amount available to individuals is \$2,500*).

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 describe)

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

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)		\$ _____
_____	Type	\$ _____
_____	Type	\$ _____

TOTAL SOURCES OF MONTHLY INCOME \$ _____

<u>ASSETS (list all)</u>	<u>AMOUNTS</u>
Cash	\$ _____
Banking Institution _____ Acct. No. _____	\$ _____
Banking Institution _____ Acct. No. _____	\$ _____
Real Estate	\$ _____
Partial or Wholly Owned _____ County _____	Market Value
	\$ _____

Other Assets:
 (State type: i.e., Stocks, Bonds, Personal Property, Auto, Loan Receivable, Life Insurance (Cash Value), Include description, account number, etc.)

_____	\$ _____
Type	Value
_____	\$ _____
Type	Value
_____	\$ _____
Type	Value
_____	\$ _____
Type	Value

TOTAL ASSETS \$ _____

9 Please list three references. (May not be a director or employee of Boone REMC or a member of the Board of Trustees.)

Name Phone

Address City State Zip

Name Phone

Address City State Zip

Name Phone

Address City State Zip

Any other pertinent information which would aid in the evaluation of your Grant request:

The information contained in the statement is for the purpose of obtaining funding from the Boone REMC Community Fund, Inc., 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 Boone REMC Community Fund, Inc., may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Boone REMC Community Fund, Inc., is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein. This information will be held in confidence, for use by the Board of Trustees only.

Signature of Applicant/Recipient

Signature of Spouse

Date

Mail or deliver 6 copies of this application and support materials to:

Boone REMC Community Fund, Inc.
PO Box 563
Lebanon, IN 46052
(765) 482-2390 or (800) 897-7362