

Callaway Electric Cooperative Community Foundation

1313 Cooperative Drive, P.O. Box 250
Fulton, MO 65251
Phone: 573-642-3326 Fax: 573-642-3328

Grant Application for Individual and/or Family

Date: _____

Name of Applicant: _____

Address: _____

City: _____ Zip Code: _____ County: _____

Home Phone: _____ Cell Phone: _____ Date of Birth: _____

Email Address: _____

List all household members and dependents (include ages):

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Amount of Request: _____

Explain the circumstances that have prompted your need for assistance. Attach at least two written bids, quotes, or estimates if request is for assistance with repair or replacement of items.

Are you employed? YES NO If not, please explain why: _____

Employment history of applicant (list present or most recent position first):

Use a separate sheet if required to supply information on more than two employable individuals living in the household.

Name of employer Address Position held

Supervisor Phone No. Dates of employment Salary/wage

Name of employer Address Position held

Supervisor Phone No. Dates of employment Salary/wage

Employment history for spouse or other household member (list present or most recent position first):

Name of employer	Address	Position held
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Supervisor	Phone No.	Dates of employment	Salary/wage
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Name of employer	Address	Position held
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Supervisor	Phone No.	Dates of employment	Salary/wage
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List all other social service agencies (SERVE, CMCA, etc.) you have contacted in the last six months (list any amounts received).

Name of Agency	Contact Person	Phone Number	Amount Recieved
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Name of Agency	Contact Person	Phone Number	Amount Recieved
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Name of Agency	Contact Person	Phone Number	Amount Recieved
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Financial Information

Assets – What you own:

Cash:

	Amounts
Banking Institution _____ Checking Account No. _____	\$ _____
Banking Institution _____ Savings Account No. _____	\$ _____
Banking Institution _____ Account No. _____	\$ _____

Real Estate (include all “physical property” such as house, mobile home land

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

All other assets (State type: vehicles, personal property, etc.)

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

TOTAL VALUE OF ASSETS \$ _____

Sources of Monthly Income:

	SELF	SPOUSE	OTHER
Earnings from household – salaries, self-employment, etc.	\$ _____	\$ _____	\$ _____
Bonus, tips, and commission	\$ _____	\$ _____	\$ _____
Social Security benefits – to include SSI and disability	\$ _____	\$ _____	\$ _____
Public Assistance Compensation	\$ _____	\$ _____	\$ _____
Food Stamps	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____	\$ _____

Other – list all sources of income

\$ _____ \$ _____ \$ _____
\$ _____ \$ _____ \$ _____

TOTAL MONTHLY INCOME \$ _____

Monthly Expenses:

Housing: Mortgage or Rent payment
Food

Avg. Monthly Amount

\$ _____

\$ _____

Utilities: Electric
Gas/Propane
Telephone
Water & Sewer
Other _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Transportation:

Automobile payments
Gasoline

Avg. Monthly Amount

\$ _____

\$ _____

Insurance:

Home Owners/Renters Insurance
Medical
Life
Automobile

\$ _____

\$ _____

\$ _____

\$ _____

Medical:

Doctors
Hospital
Medication

\$ _____

\$ _____

\$ _____

Charge Account _____

\$ _____

Payments (specify) _____

\$ _____

Loan Payments _____

\$ _____

(specify) _____

\$ _____

Other Expenses _____

\$ _____

(specify) _____

\$ _____

\$ _____

TOTAL MONTHLY EXPENSES \$ _____

Please give three references from persons other than relatives. (References may not be given by an employee of Callaway Electric Cooperative or a director of Callaway Electric Cooperative or Callaway Electric Community Foundation.)

1. Name: _____ Phone: _____

Address: _____
Street or P.O. Box City State Zip Code

2. Name: _____ Phone: _____

Address: _____
Street or P.O. Box City State Zip Code

3. Name: _____ Phone: _____

Address: _____
Street or P.O. Box City State Zip Code

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

Signature of Applicant

Date

Signature of Spouse/Co-Applicant

Date

Incomplete applications will automatically be denied assistance.