

# VERNON ELECTRIC COOPERATIVE OPERATION ROUND UP® FUND

110 Saugstad Rd.  
Westby, WI 54667  
(608) 634-3121

## APPLICATION FOR DONATION FOR INDIVIDUAL AND/OR FAMILY

1. APPLICANT'S PERSONAL INFORMATION					
First Name	Middle Initial	Last Name	Date of Birth	E-mail	
Present Address	City	State	Zip	How Long?	Home Phone/Phone # where you can be contacted?
Previous Address	City	State	Zip	How Long?	
2. AMOUNT REQUESTED (\$500 max.) \$					
3. PROPOSED USE OF FUNDS - (Please attach quotes, bids, copy of bills)					
List the name of the business or service provider that will receive funds if this application is approved. We do not issue checks to individuals.					
4. INFORMATION REGARDING APPLICANT					
Present Employer		Employer's Address		Date Employed	
Occupation		Supervisor's Name		Work Phone	Monthly Take Home
List all previous employers for past 10 years (use additional sheets if necessary)					
Previous Employer		Address		How Long?	Occupation
Previous Employer		Address		How Long?	Occupation
Source of Other Income (Include child support, alimony, food stamps or any other public assistance)					Monthly Income From Other Sources
5. OTHER MEMBERS OF HOUSEHOLD					
First	Middle	Last	Relationship	Age	Employed? If Yes, List Employer & Monthly Income

## 6. LIST ALL EXISTING DEBTS OF APPLICANT

(And Spouse or Co-Applicant if Applicable)

Name of Creditor	Address & City	Purpose or Account	Original Amount	Present Balance	Monthly Payment
Home Mortgage or Landlord		<input type="checkbox"/> Renting <input type="checkbox"/> Buying	\$	\$	\$
Credit Union/Bank			\$	\$	\$
Credit Card			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
Automobile Make    Model    Year		Financed By	\$	\$	\$
Automobile Make    Model    Year		Financed By	\$	\$	\$
List Alimony, Child Support or Child Care Monthly					\$
<b>DON'T OMIT ANY DEBTS! IF MORE SPACE NEEDED - USE ADDITIONAL SHEETS</b>					\$
Obligations From Attached Sheets					\$
<b>Total Monthly Obligations</b>					\$
If you answer "yes" to any of these questions, provide details on back.	Are Any of Your Debts Past Due? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have You Ever Had Your Auto, Furniture or Property Repossessed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have You or Your Co-Applicant Ever Declared Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are You Currently a Co-Maker on a Loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## 7. ASSETS (If more space is needed use additional sheets)

List All Assets (House, Vehicles, Property, Checking & Savings Accounts-List Name & Address of Bank)	\$ Amount/Value

**8. REFERENCES**

(May not be a director or employee of Vernon Electric Cooperative)

Name of Relative Not Living With You	Address	Phone Number	Relationship
Personal Reference Not Related to Applicant	Address	Phone Number	

**9. ARE YOU RECEIVING OR REQUESTING ANY OTHER FORM OF ASSISTANCE FOR STATED REQUEST (DONATION, GRANT, ETC)?** \_\_\_ YES \_\_\_ NO  
**IF YES, PLEASE LIST**

---

---

**10. ADDITIONAL COMMENTS:**

---

---

---

---

---

The information contained in this statement is for the purpose of obtaining funding from the Vernon Electric’s Operation Round Up Fund for the benefit of the undersigned. The undersigned understands that the information provided herein is used in deciding to grant funding, and individually represents and warrants that the information provided is true and complete and that the Vernon Electric Operation Round Up Fund may consider this statement as continuing to be true and correct until a written notice of change is provided. The Vernon Electric Operation Round Up Fund is authorized to make all inquiries deemed necessary to verify the accuracy of the statements made herein. All information will be kept in the strictest confidence and will be used for the purposes intended. I understand that the Vernon Electric Operation Round Up Fund has the right to fully audit the use of the donation at any time. I also understand that the Vernon Electric Operation Round Up Fund and Vernon Electric Cooperative may use this application, if approved, for publicity and promotional purposes, but that my name and address will not be used for this purpose unless approved by me prior to the promotion.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT/RECIPIENT OR REPRESENTATIVE/GUARDIAN**

\_\_\_\_\_  
**SIGNATURE OF SPOUSE/CO-APPLICANT**

\_\_\_\_\_  
**Date**

# CHECKLIST

(Please return with application)

- \_\_\_\_\_ Filled out entire application.
  
- \_\_\_\_\_ Specific details for #3 Use of Funds. The board wants a detailed breakdown of cost and documentation for what is being requested. If medical problems, please send doctor's statement verifying illness.
  
- \_\_\_\_\_ Copy of your last federal income tax form and W-2 or SSI documentation.
  
- \_\_\_\_\_ Amount requested - Not to exceed \$500.00
  
- \_\_\_\_\_ Signed and dated.