





## Operation Round Up Individual/Family Application

## Please note:

- Operation Round Up® funds cannot be used to pay for electric bills.
- Applicants must live in one of Medina EC's counties: Atascosa, Brooks, Dimmit, Duval, Edwards, Frio, Jim Hogg, Kinney, La Salle, McMullen, Medina, Real, Starr, Uvalde, Webb, Zapata or Zavala to be eligible.
- Applicants that are awarded funds will be required to have their photo taken when donations are made.

1.	Name:							
	Last	First	MI	Spouse				
2.	Children or other Members Permanently Living in Household:							
	Name		Relations	ship	Age			
3.	Mailing Address:							
	Street or P. O. Box							
	City		State	Zip	Code			
4.	Daytime Phone Number (	include area code):						
5.	E-mail Address:							

If yes, please list the amo	Employer of Applicant and Spouse:				
Address  Spouse:  Name of Employer  Address  7. Have you previously rece If yes, please list the amo	Applicant:				
Name of Employer  Address  7. Have you previously rece If yes, please list the amo  8. Is the individual or family above stated request (done					
Name of Employer  Address  7. Have you previously receive a service of the amount of the service	mber (include area code				
Address  7. Have you previously received in the amount of the second of					
7. Have you previously recell if yes, please list the amount of the amou					
8. Is the individual or family above stated request (don	Phone Number (include area code)				
above stated request (don					
above stated request (don					
above stated request (don					
	Is the individual or family currently receiving any other form of assistance or aid for above stated request (donations, insurance, etc.)? Yes No  If yes, please list:				

9.	Is the applicant an immediate family member of a Medina EC employee?				
	Yes No				
	If yes, please list name and relationshi	j:			
	Name of Employee	Relationship			
	Name of Employee	Relationship	_		
10.	Name and phone number of individua	s or organizations familiar with your situation	:		
	Name	Phone Number (include area code	Phone Number (include area code)		
	Name	Phone Number (include area code	Phone Number (include area code)		
	Name	Phone Number (include area code	-		
11.	Include a cover letter explaining, in as be used and, if a specific amount is ne	much detail as possible, how these monies wieded, what that amount is.	11		
the unc in c info Tru of a ma	Medina Electric Cooperative, Inc. Operation of the Deciders of the Each undersigned understand deciding to grant funding, and each uncommation provided is true and complete ast may consider this statement as continuation change is provided. The Medina Electrical Cooperation of the Medina Electrical Cooperation of the Medina Electrical Cooperation, and the Medina Electrical Cooperative, Inc. Operation of the Medina Electrical Cooperation, Inc. Operation of the Medina Electrical Cooperation, Inc. Operation of the Medina Electrical Cooperation, Inc. Operation of the Medina Electrical Cooperation of	nt is for the purpose of obtaining funding from ration Round Up Trust on behalf of the ds that the information provided herein is used ersigned represents and warrants that the and that Medina Electric Cooperative, Inc. nuing to be true and correct until written notic tric Cooperative, Inc. Trust is authorized to verify the accuracy of the statements made	d		
SIC	GNATURE OF APPLICANT	SPOUSE DATI	Ξ		
Ma	il completed application to: Medina E Operation P.O. Box Hondo, T.	Round Up® Trust Committee			

Or FAX to: 830-426-2796

ATTENTION: Operation Round Up® Trust Committee