



Your Touchstone Energy<sup>®</sup> Cooperative 



## Operation Round Up Individual/Family Application

**Please note the following:**

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

1. Name: \_\_\_\_\_  
Last
First
MI
Spouse

2. Children or Other People Permanently Living in Household:

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

3. Mailing Address: \_\_\_\_\_  
Street or P. O. Box

\_\_\_\_\_ City State Zip Code

4. Daytime Phone Number (include area code): \_\_\_\_\_

5. E-mail Address: \_\_\_\_\_

6. Employer of Applicant and Spouse:

**Applicant:**

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number (include area code)

**Spouse:**

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number (include area code)

7. Have you previously received funds from any other organizations for the same request? Yes\_\_ No \_\_

If yes, please list the amount, the date you received the funds, and the purpose of the funds.

Amount	Date Received	Purpose for Funds

8. Is the individual or family currently receiving any other form of assistance or aid for the request (donations, insurance, etc.)? Yes\_\_\_\_ No \_\_\_\_

If yes, please list:

Amount	Date Received	Purpose for Funds

9. Is the applicant an immediate family member of a Medina EC employee? Yes \_\_\_\_ No \_\_\_\_

If yes, please list name and relationship:

\_\_\_\_\_  
Name of Employee

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name of Employee

\_\_\_\_\_  
Relationship

10. Name and phone number of individuals or organizations familiar with your situation that committee members or staff could contact if additional information is needed or wanted:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number (include area code)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number (include area code)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number (include area code)

**11. Include a letter\* explaining, in as much detail as possible, how these monies will be used and, if a specific amount is needed, what that amount is. Photos, videos and letters from individuals familiar with your situation are welcome in addition to the explanation of the situation.**

*\*Space for the letter is available on the next page.*

**Please note – without this information, the ORU committee will be unable to process the application.**

The information contained in this statement is for the purpose of obtaining funding from the Medina Electric Cooperative, Inc. Operation Round Up Trust on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding funding, and each undersigned represents and warrants that the information provided is true and complete and that Medina Electric Cooperative, Inc. Trust may consider this statement as continuing to be true and correct until written notice of a change is provided. The Medina Electric Cooperative, Inc. Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein. The undersigned also hereby gives Medina Electric Cooperative, Inc. permission to use any information, in the form of words, photos or videos, provided with this application.

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SIGNATURE OF APPLICANT

SPOUSE

DATE

**Send Completed Application:**

**Mail:**

Medina Electric Cooperative, Inc  
Operation Round Up® Trust Committee  
P.O. Box 370  
Hondo, TX 78861

**Fax:**

830-426-2796  
ATTENTION: Operation Round Up® Trust  
Committee

**Email:**

MyCoop@MedinaEC.org

