





Operation Round Up Individual/Family Application

Please note:

- Operation Round Up® funds cannot be used to pay for electric bills.
- Applicants that are awarded funds will be required to have their photo taken when donations are made.

ı.	name:							
		Last	First	MI	Spouse			
2.	Children or other Members Permanently Living in Household:							
	Name			Relationship		Age		
								
3								
٥.		Street or P. O. Box						
		City		State	Zip Co	ode		
4.	Daytime Phone Number (include area code):							
5.	E-mail Ad	dress:						

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)			
	If yes, please list the amount and the da	ate you received the funds:			
8.	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 re	tionship:				
	Name of Employee	Relationship	Relationship			
	Name of Employee	Relationship				
10.	Name and phone number of individuals or organizations familiar with your situation:					
	Name	Phone Number (include area	Phone Number (include area code)			
	Name	Phone Number (include area	code)			
	Name	Phone Number (include area	code)			
11.	<u> </u>	g, in as much detail as possible, how these moni nt is needed, what that amount is.	es will			
the unc in c info Tru of a mal	Medina Electric Cooperative, dersigned. Each undersigned undeciding to grant funding, and permation provided is true and constant may consider this statement a change is provided. The Medical Cooperative, and c	tatement is for the purpose of obtaining funding nc. Operation Round Up Trust on behalf of the derstands that the information provided herein is ach undersigned represents and warrants that the amplete and that Medina Electric Cooperative, Ir as continuing to be true and correct until written na Electric Cooperative, Inc. Trust is authorized sary to verify the accuracy of the statements man	s used enc. notice			
SIC	GNATURE OF APPLICANT	SPOUSE 1	DATE			
Ma	O P	edina Electric Cooperative, Inc eration Round Up® Trust Committee D. Box 370 ndo, TX 78861				

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