



SCI Membership Community Fund, Inc.
 300 Morton Avenue
 Martinsville, IN 46151
 765-342-3344 or 800-264-7362

APPLICATION FOR DONATION
 FOR INDIVIDUAL AND/OR FAMILY

TYPE OR PRINT ALL INFORMATION

1. Name: _____

2. Other Members of Household:

	Last Name	First	Middle	Relationship
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____

3. Address: _____
 Street or Post Office Box

_____ City or Town State Zip

4. Phone Number: _____
 Home Work

5. Employers of those listed in Number 1 and Number 2 above:

_____	Name	_____	Supervisor
_____	Address	_____	Phone Number
_____	Name	_____	Supervisor
_____	Address	_____	Phone Number
_____	Name	_____	Supervisor
_____	Address	_____	Phone Number

6. Reason for Request for Donation: (Include amount requested and specific use of funds).

7. Is individual or family receiving any other form of assistance or aid for above stated request (donations, insurance, etc.)? Yes _____ No _____ (if yes, please describe)

8. Have you requested financial assistance from your Township Trustee or any other source to fund this request? Yes _____ No _____ (if yes, please describe)

9. Statement of Financial Condition as of _____, 20 _____.

SOURCES OF MONTHLY INCOME **AMOUNTS**

Salary _____ \$ _____
Employer's Name

Bonus, Tips & Commissions _____ \$ _____

Dividends & Interest _____ \$ _____

Real Estate Income _____ \$ _____

Farm Income _____ \$ _____

Other (please state: alimony, child support, other) _____ \$ _____

_____ \$ _____
Type

_____ \$ _____
Type

TOTAL SOURCES OF MONTHLY INCOME **\$ _____**

ASSETS (list all) **AMOUNTS**

Cash _____ \$ _____

Banking Institution _____ Acct. No. _____ \$ _____

Banking Institution _____ Acct. No. _____ \$ _____

Real Estate _____ \$ _____

Partial or Wholly Owned _____ County _____ Market Value

_____ \$ _____

Other Assets:

10. Please list three references. (May not be a director or employee of South Central Indiana REMC or a member of the Board of Trustees.)

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Any other pertinent information which would aid in the evaluation of your Grant request:

The information contained in the statement is for the purpose of obtaining funding from the SCI Membership Community Fund, Inc., 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 SCI Membership Community Fund, Inc., may consider this statement as continuing to be true and correct until a written notice of a change is provided. The SCI Membership Community Fund, Inc., is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein. This information will be held in confidence, for use by the Board of Trustees only.

Signature of Applicant/Recipient

Signature of Spouse

Date