



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. 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	\$ _____

<u>ASSETS (list all)</u>	<u>AMOUNTS</u>
Cash _____	\$ _____
Banking Institution _____ Acct. No. _____	\$ _____
Banking Institution _____ Acct. No. _____	\$ _____
Real Estate _____	\$ _____
Partial or Wholly Owned _____ County _____	Market Value \$ _____

Other Assets:
 (State type: i.e., Stocks, Bonds, Personal Property, Auto, Loan Receivable, Life Insurance (Cash Value),
 Include description, account number, etc.)

_____	\$ _____
Type _____	Value _____
_____	\$ _____
Type _____	Value _____
_____	\$ _____
Type _____	Value _____
_____	\$ _____
Type _____	Value _____

TOTAL ASSETS \$ _____

MONTHLY EXPENSES

AMOUNTS

Housing Mortgage _____ Rent _____ \$ _____

Food \$ _____

Utilities Electricity \$ _____

Gas \$ _____

Telephone \$ _____

Transportation Automobile Payments \$ _____

Gasoline \$ _____

Insurance Medical \$ _____

Life \$ _____

Automobile \$ _____

Medical Doctors \$ _____

Hospital \$ _____

Medication \$ _____

Charge Accounts _____ \$ _____
(Specify) _____ \$ _____
_____ \$ _____
_____ \$ _____

Loans (Specify) _____ \$ _____

_____ \$ _____

_____ \$ _____

Taxes _____ \$ _____

_____ \$ _____

_____ \$ _____

Other Expenses _____ \$ _____
(Specify) _____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL MONTHLY EXPENSES \$ _____

9 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