



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	Age	Relationship
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____

3. Address: \_\_\_\_\_  
 Street or Post Office Box

4. Phone Number: \_\_\_\_\_ City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
 Home \_\_\_\_\_ Work \_\_\_\_\_ e-mail: \_\_\_\_\_

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)

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

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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 _____	\$ _____
<b>TOTAL SOURCES OF MONTHLY INCOME</b>	<b>\$ _____</b>

<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 _____	\$ _____
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Food		\$ _____
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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

\$ \_\_\_\_\_

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.)

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Name Phone

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Address City State Zip

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Name Phone

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Address City State Zip

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Name Phone

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Address City State Zip

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

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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.

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Signature of Applicant/Recipient

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Signature of Spouse

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Date