

CLARKE ELECTRIC COOPERATIVE
OPERATION ROUND-UP™ PROGRAM
Individual/Family - Application Form

Eligibility:

1. The applicant must be an active member of Clarke Electric Cooperative.
2. The applicant must be a participant in the Operation Round-Up program.
3. The applicant cannot be an employee, board member, or representative of Clarke Electric Coop.
4. The grant amount per applicant is limited to \$500 per household per occurrence of an unforeseeable event that has caused a financial hardship (i.e. fire, tornado, flood, medical emergency/diagnosis).
5. What is applicant's service location? _____

Name: _____

Other Members of the Household:

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

Address: _____

Street

City

State

Zip Code

Phone Number: Cell: _____ Other: _____

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

If yes, please list

The information in this statement is for the purpose of obtaining funding from the Clarke Electric Cooperative Operation Round-Up™ Program on behalf of the undersigned. Each undersigned understands that the information provided herein is used in the decision to grant funding, and each undersigned represents and warrants that the information provided is true and complete and that Clarke Electric Cooperative Operation Round-Up™ Program may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Clarke Electric Cooperative Operation Round-Up™ Program is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

SIGNATURE OF APPLICANT/RECIPIENT

DATE