

**Tri-County Electric Foundation, Inc.
P. O. Box 130
Dudley, N. C. 28333**

APPLICATION FOR GRANT FOR INDIVIDUALS AND/OR FAMILIES

The information obtained in this application is solely for the purpose of determining qualification for a grant from the Tri-County Electric Foundation, Inc. and will be kept in strictest confidence.

The person signing this application warrants that the information provided is true and complete. The Tri-County Electric Foundation, Inc. is authorized to make all inquiries deemed necessary to verify the accuracy of the statements made herein.

Signature of Applicant

Date

Incomplete applications will be returned to the applicant for completion.

Grant applications are to be completed and returned to the Tri-County EMC office, or mailed to Tri-County Electric Foundation, Inc., P. O. Box 130, Dudley, NC 28333.

Funding Criteria

Funds donated by members of Tri-County Electric Membership Corporation shall be disbursed by the Tri-County Electric Foundation, Inc. Board of Directors to individuals and families who are suffering unusual or unexpected problems and are in grave need of assistance. Grants may be used to pay for shelter, clothing, food, health care, emergencies and other humane needs.

Funds shall not be used for operating funds or salaries, but for specific projects and needs. Funds shall not be used for political purposes.

Disbursements are limited to **\$2,000 every 3 years to individuals.**

Name: _____
Last First Middle

Address: _____
House number/ street name PO Box

City State Zip

Date of Birth: _____ Social Security Number: __ __ - __ - __ - __ - __

Home Telephone Number _____

Employer of Applicant: _____

Address of Employer

Name of Supervisor

Work Telephone

Monthly Income (before taxes): \$ _____

Other Members of Household (those living with applicant):

Last Name	First	Middle	Relationship
_____	_____	_____	_____
Employed by: _____	_____	_____	_____
Employed by: _____	_____	_____	_____
Employed by: _____	_____	_____	_____
Employed by: _____	_____	_____	_____

Total monthly family income: \$ _____

Please write in detail your reason for applying for this grant. Tell us about your situation and why you are requesting this money. If you are sick, tell us what is wrong and how long you have had the illness. Give specific details for use of the funds. (If available, attach copies of bills and list payment priority of bills.)

Amount Requested: \$ _____

Do you have medical insurance? Yes _____ No _____

Do you receive medicare? Yes _____ No _____

Do you receive medicaid? Yes _____ No _____

Do you receive Food Stamps? Yes _____ No _____

Are you receiving any other form of assistance or aid for the stated grant request (donations, insurance, etc.) Yes _____ No _____

If yes, please indicate sources of assistance:

If this grant is for an item to be purchased, please name the vendor:

Name of Vendor

Address City State Zip

Please list three references:

Name Telephone

Address City State Zip

Name Telephone

Address City State Zip

Name Telephone

Address City State Zip