

**COOKSON HILLS ELECTRIC FOUNDATION, INC**

**INDIVIDUAL APPLICATION**

**1002 E. Main - PO Box 539  
Stigler, OK 74462**

**1800 KOA/Power Drive- PO Box 587  
Sallisaw, OK 74955**

**Application Deadline**\_\_\_\_\_

**Meeting Date**\_\_\_\_\_

**Dear Applicant:**

**Please be sure to completely fill out this application. Be specific with your request and detailed with the amount requested. If you need more space than what is allotted for the information, please attach a sheet. Include a copy of some form of identification for dependent children (i.e. social security card, TANF check, etc.)**

**We *recommend* you have someone such as a doctor, counselor, or social worker attach a letter that details the need or purpose of the request. If you have any questions, please call Donna Rhodes at (918) 775-2211 or 1-800-328-2368 and she will assist you filling out this paperwork. Applications may be delayed or denied due to incomplete or insufficient information. You will be notified by mail of the Board's decision on your application.**

**Thank you in advance for your cooperation.**

Cookson Hills Electric Foundation, Inc.  
 1002 E. Main - P.O. Box 539                      1800 KOA/Power Drive -PO Box 587  
 Stigler, OK 74462                                      Sallisaw, OK 74955  
 800-328-2368

**APPLICATION FOR DONATION  
 FOR INDIVIDUAL AND/OR FAMILY**

1. Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

2. Other Members of Household: (include proof of dependency for minor children)

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

3. Address: \_\_\_\_\_

Street or Post Office Box

\_\_\_\_\_

City or Town

State

Zip

4. Phone No. \_\_\_\_\_

Home

Work

5. Employer of those listed in No. 1 and No. 2 above:

(1) \_\_\_\_\_

Name	Supervisor
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\_\_\_\_\_

Address	Phone
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(2a) \_\_\_\_\_

Name	Supervisor
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\_\_\_\_\_

Address	Phone
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(2b) \_\_\_\_\_

Name	Supervisor
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\_\_\_\_\_

Address	Phone
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(2c) \_\_\_\_\_

Name	Supervisor
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\_\_\_\_\_

	Address		Phone
(2d)	_____	_____	
	Name		Supervisor
	_____	_____	
	Address		Phone
(2d)	_____	_____	
	Name		Supervisor
	_____	_____	
	Address		Phone
(2e)	_____	_____	
	Name		Supervisor
	_____	_____	
	Address		Phone

6. Reason for Request for Donation: (Include amount requested and specific use of funds, list items and prices or attach copy of original estimates)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Statement of Financial Condition as of \_\_\_\_\_, 20\_\_\_\_.

ASSETS

AMOUNTS

Cash

_____		\$ _____
Banking Institution	Acct. No.	
_____		\$ _____
Banking Institution	Acct. No.	
_____		\$ _____
Banking Institution	Acct. No.	

Real Estate

_____		\$ _____
Partial or Wholly Owned	County	Market Value
_____		\$ _____
Partial or Wholly Owned	County	Market Value
_____		\$ _____
Partial or Wholly Owned	County	Market Value

Securities

_____		\$ _____
Description	Identification No.	Value
_____		\$ _____
Description	Identification No.	Value
_____		\$ _____
Description	Identification No.	Value

Other Receivables:

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

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

TOTAL ASSETS

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

LIABILITIES

AMOUNTS

Notes Payable

_____	\$ _____
Lender's Name	
_____	
Lender's Address	
_____	\$ _____
Lender's Name	
_____	
Lender's Address	
_____	\$ _____
Lender's Name	
_____	
Lender's Address	

Mortgage

_____	\$ _____
Mortgagor's Name	
_____	
Mortgagor's Address	
_____	\$ _____
Mortgagor's Name	
_____	
Mortgagor's Address	
_____	\$ _____
Mortgagor's Name	
_____	
Mortgagor's Address	

TOTAL LIABILITIES

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



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	
	_____	\$ _____
	Type	
	_____	\$ _____
	Type	

TOTAL SOURCES OF MONTHLY INCOME \$ \_\_\_\_\_

9. Please list three references. (May not be a director or employee of Cookson Hills Electric Coop., Inc. or the Cookson Hills Electric Foundation, Inc.)

_____			
Name		Phone	
_____			
Address	City	State	Zip

_____			
Name		Phone	
_____			
Address	City	State	Zip

_____			
Name		Phone	
_____			
Address	City	State	Zip

**The information contained in this statement is for the purpose of obtaining funding from the Cookson Hills Electric Foundation, Inc. on behalf of the undersigned. The undersigned understands that the information provided herein will be used by Cookson Hills Electric Foundation, Inc. to decide whether to grant the funding requested. By signing this application, the undersigned represents and warrants that the information provided is true and complete and that Cookson Hills Electric Foundation, Inc., may consider this statement as continuing to be true and correct until a written notice of a change is provided. Cookson Hills Electric Foundation, Inc. is authorized to make all inquiries it deems necessary to verify the accuracy of the statements made herein.**

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**Signature of Applicant/Recipient**

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**Signature of Spouse**

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**Date**