

Big Country Electric Cooperative Trust Operation Round Up Program

Individual/Family Application for Assistance

For assistance completing this application, please contact Sarah McLen at (325) 776-3803.

Application Instructions

- 1. Complete all sections of the application.** If any item is not applicable to you, please make note in the space provided. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. ALL QUESTIONS MUST BE ANSWERED.**
- 2. Be specific when describing how the funds will be used. Submit proof for amount requested with application.** For example: quote or estimate or copy of bill(s). **Applications submitted without proper documentation will not be eligible for consideration.**
- 3. Operation Round Up cannot provide assistance for Big Country Electric Cooperative electric bills.**

Focus of The Big Country Electric Cooperative Trust Operation Round Up Program

The Big Country Electric Cooperative Trust Operation Round Up Program (the “Program”) provides funding assistance to approved eligible applicants located within the service areas of BCEC (the “BCEC Service Area”), which are contained within Borden, Fisher, Garza, Haskell, Jones, Kent, Mitchell, Nolan, Scurry, Shackelford, Stonewall and Throckmorton Counties.

The mission of Big Country Electric Cooperative Trust is the accumulation and disbursement of funds for charitable purposes in Borden, Fisher, Garza, Haskell, Jones, Kent, Mitchell, Nolan, Scurry, Shackelford, Stonewall and Throckmorton Counties.

This shall be accomplished by disbursement of funds to individuals and organizations for food, shelter, clothing, health needs and education.

The TRUST is organized exclusively for charitable purposes, as described under 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

Grant Cycles

Grant applications are reviewed quarterly in March, June, September and December. Applications are to be received as specified on the document by the 15th day of February, May, August, and November to be eligible for consideration at the soonest following quarterly review meeting. Approved individual/family applicants are eligible for up to \$2,500.00 in grant(s) from the Program per calendar year. **This does not constitute or guarantee the award of grant funds.**

Big Country Electric Cooperative Trust Operation Round Up Program

Individual/Family Application for Assistance

Please complete this application and return with supporting documentation using one of the following methods:

By Email:

smclen@bigcountry.coop

By Fax: (cover sheet necessary)

325.776.2246

By Mail:

Attn.: Sarah McLen, Big Country Electric Cooperative, P.O. Box 518, Roby, TX 79543

In person at any of our office locations:

Stamford Branch:

225 West McHarg
P.O. Box 1147
Stamford, Texas 79553
Phone (325) 773-3684 Phone
Fax (325) 773-2431

Roby:

1010 West South 1st
P.O. Box 518
Roby, Texas 79543
(325) 776-2244
Fax (325) 776-2246

Snyder Branch:

1600 McCowen
P.O. Box 1249
Snyder, Texas 79550
Phone (325) 573-3161
Fax (325) 573-7781

Individual/Family Information

1. Applicant Name: _____
Last First MI Age

2. Other Members of Household:

a. _____
Last First MI Age Relationship to Applicant

b. _____
Last First MI Age Relationship to Applicant

c. _____
Last First MI Age Relationship to Applicant

d. _____
Last First MI Age Relationship to Applicant

e. _____
Last First MI Age Relationship to Applicant

3. Address:

_____ 911 Physical Address Mailing Address _____
City State Zip Code

4. Phone Number: _____
Cell/Home Work or Other Alternate Contact Number

5. Amount Requested: \$ _____

6. Explanation and specific description for use of amount requested: _____

Employment History of Applicant and Other Adult Members of Household Listed in (1) and (2):

(1) Applicant/employee name: _____

Employed _____ Unemployed _____ Dates of employment _____

Name of Employer _____

Employer Address: _____
Mailing City, State and Zip Code

Supervisor Name: _____ Supervisor Phone Number: _____

Reason for unemployment: _____

(2) Applicant/employee name: _____

Employed _____ Unemployed _____ Dates of employment _____

Name of Employer _____

Employer Address: _____
Mailing City, State and Zip Code

Supervisor Name: _____ Supervisor Phone Number: _____

Reason for unemployment: _____

(3) Applicant/employee name: _____

Employed _____ Unemployed _____ Dates of employment _____

Name of Employer _____

Employer Address: _____
Mailing City, State and Zip Code

Supervisor Name: _____ Supervisor Phone Number: _____

Reason for unemployment: _____

ASSETS:

		<u>Amount or Value</u>
Cash	_____	\$ _____
	Bank Name _____ Account Number _____	
	_____	\$ _____
	Bank Name _____ Account Number _____	
House Value	_____	\$ _____
	Owned, Financed or Renting _____	(if owned or financed)
Land	_____	\$ _____
	Owned or Financed _____	
Investments	_____	\$ _____
	Stocks, Bonds, Mutual Funds, 401k, IRA, etc.	
Life Insurance	_____	\$ _____
Vehicles	_____	\$ _____
	Year _____ Make _____ Model _____	
	_____	\$ _____
	Year _____ Make _____ Model _____	
Other	_____	\$ _____
	(Boats, ATVs, Motorcycles, etc.)	
TOTAL ASSETS:		\$ _____

DEBTS:

Loans	_____	\$ _____
	Lender's Name _____	
	_____	\$ _____
	Lender's Name _____	
	_____	\$ _____
	Lender's Name _____	
Credit Cards	_____	\$ _____
	Lender's Name _____	
	_____	\$ _____
	Lender's Name _____	
	_____	\$ _____
	Lender's Name _____	
Mortgage	_____	\$ _____
	Lender's Name & Address _____	
Other Debts (Taxes, Outstanding Bills, etc.)	_____	\$ _____
	Debt Type/ Owed To _____	
	_____	\$ _____
	Debt Type/ Owed To _____	
	_____	\$ _____
	Debt Type/ Owed To _____	
TOTAL DEBTS:		\$ _____

MONTHLY EXPENSES:

		<u>Amount</u>
Housing	Mortgage_____ Rent_____	\$ _____
Utilities	Electricity	\$ _____
	Gas	\$ _____
	Water	\$ _____
Food & Groceries		\$ _____
Communications	House Phone	\$ _____
	Cell Phone	\$ _____
	Internet	\$ _____
	TV/Cable	\$ _____
Transportation	Vehicle Payment(s)	\$ _____
	Fuel	\$ _____
	Insurance	\$ _____
Medical Expenses	Doctors	\$ _____
	Hospital	\$ _____
	Medication	\$ _____
	Insurance (Health, Life, Dental, Vision)	\$ _____
Other Expenses	(Taxes, debt & loan payments, etc.)	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
TOTAL MONTHLY EXPENSES:		\$ _____

Please list three references. Complete names, current addresses, and working telephone numbers are *REQUIRED*. No director or employee of Big Country Electric Cooperative or the Big Country Electric Cooperative Trust may be listed.

Name	Relationship	Phone Number
Mailing Address	City	State Zip Code
Name	Relationship	Phone Number
Mailing Address	City	State Zip Code
Name	Relationship	Phone Number
Mailing Address	City	State Zip Code

