



CCEC Operation Round Up Program

PO Box 860

Coleman, Texas 76834

APPLICATION FOR DONATION FOR INDIVIDUAL and/or FAMILY

1. Name: _____

2. Other Members in Household:

Name

Relationship to Applicant

a. _____

b. _____

c. _____

d. _____

e. _____

3. Mailing Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

4. Phone Number

Home: _____ Cell: _____ Work: _____

5. Employer of Applicants

(a) _____

Place of Employment

Supervisor

Phone Number

How long employed?

(b) _____

Place of Employment

Supervisor

Phone Number

How long employed?

(c) _____

Place of Employment

Supervisor

Phone Number

How long employed?

(d) _____

Place of Employment

Supervisor

Phone Number

How long employed?

6. Reason for Request for Donation: (Include amount requested and specific use of funds. If request is for children, include age and sizes.)

7. Is individual or family receiving any other form of assistance or aid for above stated request (donations, insurance, etc.)? YES___ NO___ Please explain.

8. Monthly Expenses		Amount
Housing	Mortgage_____ Rent_____	\$ _____
Food		\$ _____
Utilities	Electricity	\$ _____
	Gas	\$ _____
	Telephone	\$ _____
Transportation	Automobile Payments	\$ _____
	Gasoline	\$ _____
	Telephone	\$ _____
Insurance	Medical	\$ _____
	Life	\$ _____
	Automobile	\$ _____
Charge Accounts (Please Specify)		
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

Monthly Expenses (continued)

Loans (Please Specify)

\$ _____

\$ _____

\$ _____

Taxes (Please Specify)

\$ _____

\$ _____

\$ _____

Other Expenses (Please Specify)

\$ _____

\$ _____

\$ _____

TOTAL MONTHLY EXPENSES

\$ _____

The information contained in this statement is for obtaining funding from the CCEC Operation Round Up Program on behalf of the undersigned. Each signing applicant 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 the CCEC 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 CCEC 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

Signature of Spouse

Date