

Cookson Hills Electric Foundation, Inc.

1002 E. Main - P.O. Box 539  
Stigler, OK 74462

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

**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.	_____	_____	_____	_____

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

\_\_\_\_\_  
Address Phone

(2a) \_\_\_\_\_  
Name Supervisor

\_\_\_\_\_  
Address Phone

(2b) \_\_\_\_\_  
Name Supervisor

\_\_\_\_\_  
Address Phone

(2c) \_\_\_\_\_  
Name Supervisor

\_\_\_\_\_  
Address Phone

(2d) \_\_\_\_\_  
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)

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

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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

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

MONTHLY EXPENSES

AMOUNTS

Housing	Mortgage ____ Rent ____	\$ _____
Food		\$ _____
Utilities	Electricity	\$ _____
	Gas	\$ _____
	Telephone	\$ _____
Transportation	Automobile Payments	\$ _____
	Gasoline	\$ _____
Insurance	Medical	\$ _____
	Life	\$ _____
	Automobile	\$ _____
Medical	Doctors	\$ _____
	Hospital	\$ _____
	Medication	\$ _____
Charge Accounts (Specify)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
Loans (Specify)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
Taxes	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
Other Expenses (Specify)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
TOTAL MONTHLY EXPENSES		\$ _____

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

10. All applicants must include Form W-9 with the application.

**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.**

\_\_\_\_\_  
**Signature of Applicant/Recipient**

\_\_\_\_\_  
**Signature of Spouse**

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