



P.O. Box 129 • Rensselaer, IN 47978 • 219-866-4601

A program of the Jasper County REMC Community Fund, Inc.

JASPER COUNTY REMC COMMUNITY FUND, INC.

APPLICATION GUIDELINES

INDIVIDUAL AND/OR FAMILY

The role of the Trustees of the Jasper County REMC Community Fund, Inc. is to make the best use of the funds entrusted to us to support activities and needs within the Jasper County REMC service territory and to be sure that whatever gifts we make are handled wisely.

Because we want to be helpful to as many organizations and individuals as possible, we encourage you to seek funding from more than just Jasper County REMC Community Fund, Inc. We will not penalize you for doing that.

Once the request is received, that request will go to the Trust Board. The board is free to support, or deny any request. Once the board has approved a request, a check will be written.

The Jasper County REMC Community Fund, Inc. granting periods are as follows:

First Quarter

March 1 Applications available
April 2 Deadline for applications
3rd Wednesday in April Board reviews requests

Second Quarter

June 1 Applications available
July 2 Deadline for applications
3rd Wednesday in July Board reviews requests

Third Quarter

September 1 Applications available
October 1 Deadline for applications
3rd Wednesday in Oct. Board reviews requests

Fourth Quarter

December 1 Applications available
January 2, 2013 Deadline for applications
3rd Wednesday in Jan. Board reviews requests

In submitting application for consideration of funds, the following procedures must be followed:

- Application must be submitted to the Jasper County REMC office in a sealed envelope marked "Confidential – Jasper County REMC Community Fund, Inc. to the attention of CEO & General Bryan Washburn.
- **TEN COPIES OF THE APPLICATION MUST BE SUBMITTED. DO NOT USE PAPER CLIPS.**
- A contact person must be indicated should there be questions regarding the request.

Questions regarding the application or process can be directed to Member Services at the Jasper County REMC office between 8:00 a.m. and 5:00 p.m. Monday - Friday. Our phone number is: (219) 866-4601 or (888) 866-REMC, e-mail address: jasperremc@jasperremc.com.

If not selected, candidates must re-apply each quarter for consideration.

JASPER COUNTY REMC COMMUNITY FUND, INC.

280 East Wood Road
PO Box 194
Rensselaer, IN 47978
(219) 866-4601 · (888) 866-REMC · Fax (219) 866-2199
www.jasperremc.com

APPLICATION FOR DONATION INDIVIDUAL AND/OR FAMILY

Name _____

Other Members of Household:

Last Name	First	Middle	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Address _____
Street or Post Office Box

_____ City or Town State Zip Code

Phone Number _____ Home _____ Work

Employers of those listed above:

_____ Name	_____ Company/Individual
	_____ Address
_____ Name	_____ Company/Individual
	_____ Address

Jasper County REMC Community Fund, Inc. Individual and/or Family Application Continued

_____	_____
Name	Company/Individual

	Address
_____	_____
Name	Company/Individual

	Address
_____	_____
Name	Company/Individual

	Address
_____	_____
Name	Company/Individual

Reason for Request for Donation _____

Amount of Donation Requested \$ _____

Specific Use of Funds: _____

Is individual or family receiving any other form of assistance or aid for the above stated request (donation, insurance, etc.)? Yes _____ No _____

If yes, please list: _____

Jasper County REMC Community Fund, Inc. Individual and/or Family Application Continued

Mortgage	_____	\$ _____
	Mortgagor's Name	
	_____	\$ _____
	Mortgagor's Name	
Other Debt	_____	\$ _____
	Type	
	_____	\$ _____
	Type	
	_____	\$ _____
	Type	
TOTAL LIABILITIES		\$ _____

MONTHLY EXPENSES

AMOUNTS

Housing	Mortgage _____	Rent _____	\$ _____
	Food		\$ _____
	Utilities	Electricity	\$ _____
		Gas	\$ _____
		Telephone	\$ _____
Transportation	Automobile Payment # 1 Vehicle		\$ _____
	Automobile Payment # 2 Vehicle		\$ _____
	Gasoline		\$ _____
	Repairs		\$ _____
Insurance	Medical		\$ _____
	Life		\$ _____
	Automobile		\$ _____
Medical	Doctors		\$ _____
	Hospital		\$ _____
	Medication		\$ _____
Charge Accounts	_____		\$ _____
	Type of Card		
	_____		\$ _____
	Type of Card		
	_____		\$ _____
	Type of Card		
	_____		\$ _____

Jasper County REMC Community Fund, Inc. Individual and/or Family Application Continued

Loans	_____	\$ _____
	Lender	
	_____	\$ _____
	Lender	
	_____	\$ _____
	Lender	
	_____	\$ _____
	Lender	
Taxes (Specify)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
Other Expenses (Specify)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
TOTAL MONTHLY EXPENSES		\$ _____

SOURCES OF MONTHLY INCOME

		<u>Amounts</u>
Salary	_____	\$ _____
	Employer's Name	
	_____	\$ _____
	Employer's Name	
	_____	\$ _____
	Employer's Name	
Bonus, Tips & Commissions	_____	\$ _____
Dividends & Interest	_____	\$ _____
	_____	\$ _____
Real Estate Income	_____	\$ _____
	_____	\$ _____
Farm Income	_____	\$ _____
	_____	\$ _____

Jasper County REMC Community Fund, Inc. Individual and/or Family Application Continued

Other Income (Please state type: alimony, child support, social security, disability, etc.):

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

TOTAL SOURCES OF MONTHLY INCOME \$ _____

Please list three (3) references (may not be an employee or director of Jasper County REMC or a trustee of the Jasper County REMC Community Fund, Inc.):

_____		_____	
Name		Phone	
_____		_____	
Address	City/Town	State	Zip
_____		_____	
Name		Phone	
_____		_____	
Address	City/Town	State	Zip
_____		_____	
Name		Phone	
_____		_____	
Address	City/Town	State	Zip

The information contained in this statement is for the purpose of obtaining funding from the Jasper County Community Fund, Inc. on behalf of the undersigned. Each undersigned 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 that the Jasper County REMC Community Fund, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Jasper County REMC Community Fund, Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

I understand in applying for funding that, if granted, it will be used for the sole purpose as stated in this application.

Further, I understand that if funding is received, I grant permission for its publication in the Jasper County REMC's monthly publication as well as any other publication Jasper County REMC deems appropriate.

_____	_____	_____
Signature of Applicant/Recipient	Signature of Spouse (if applicable)	Date

For Trust Use Only: Approved _____ Date _____ Amount Approved _____ Declined _____ Date _____