



Personal Application

Please complete the following application and return by the 15th of the month prior to the board meeting. The board meets on a bimonthly basis. Incomplete applications will not be funded.

Name			_ Date
Mailing Address			
City, State, Zip			_ Phone
Email Address			
Source of Personal Income			
List Other Members in Household			
Name	Age	Relationship	Employer
Amount of Grant Request			
Field of Interest: Health Care Education	D	isaster Relief	Personal Need
Description of Request (Please include date pr needed)	oject will	begin and date con	npleted. Additional pages may be used it





Amount:	
ously the Community Foundation of Central I	Electric
No	
telephone	
C	ously the Community Foundation of Central I

If the project is not fully funded, will it be initiated? No

> Please submit completed application to **Operation Round Up** Attn. Angela Hurst | Operation Round Up Coordinator P.O. Box 1809, Stillwater, OK 74076 Phone 405-533-4183 • Fax 405-533-4122 www.MyCentral.coop/Community.aspx | ahurst@MyCentral.coop