



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 _____

Source of Personal Income _____

List Other Members in Household

Name	Age	Relationship	Employer
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Amount of Grant Request _____

Field of Interest: Health care Education Disaster relief Personal Needs Community Purpose

Description of Request (Please include date project will begin and date completed. Additional pages may be used if needed)

Is the individual or family receiving any other form of assistance or aid for the above state request? Yes No

If yes, please list funding source(s) _____ amount _____



Have you previously applied to The Community Foundation of Central Electric Cooperative for funding?

Yes No

Are you requesting funds from other source(s)? Yes No

If yes, please list funding source(s) _____ telephone _____

Please indicate a brief budget for this project (Additional pages may be used if needed).

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

Please submit completed application to
Central Community Foundation
Attn. Erin Talley, Coordinator
P.O. Box 1809, Stillwater, OK 74076
Phone 405-533-4107 • Fax 405-533-4122
MyCentral.coop
etalley@mycentral.coop