

CENTRAL TEXAS ELECTRIC TRUST OPERATION ROUND-UP

“Neighbors Helping Neighbors”

P.O. Box 553*Fredericksburg, Texas 78624*830-997-2126*Fax 830-997-9034

GRANT APPLICATION FOR INDIVIDUAL AND / OR FAMILY

1. Name: _____
Last First Age Phone: Home Work

2. Address: _____
Street or Post Office Box City State Zip

3. Children or other members of household that you are responsible for:

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

4. Employer of Applicant:

Name of Employer	Phone
_____	_____

5. Employer of Spouse:

Name of Employer	Phone
_____	_____

6. List All Income	Applicant Amount	Spouse Amount	Dependent Amount
Employment	_____	_____	_____
Welfare, SSI	_____	_____	_____
Social Security	_____	_____	_____
Unemployment	_____	_____	_____
Child Support	_____	_____	_____
Food Stamps	_____	_____	_____
Other (specify)	_____	_____	_____

7. List all expenses:

Type of expense	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

8. Reason for request and also detail how receiving this grant will help you now.

9. Have you previously received funding from Operation Round-Up? Yes No
If yes, please list: _____

10. Is individual or family receiving any other form of assistance or aid for above stated request (donations, insurance, etc.)?
If yes, please list: _____

11. Name, address and phone number of individual or organization familiar with your situation: _____

The information contained in this statement is for the purpose of obtaining funding from the Central Texas Electric Trust 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 Central Texas Electric Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Central Texas Electric Trust 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

FOR OFFICIAL USE ONLY

**SIGNATURE OF
OPERATION ROUND-UP TRUSTEES**

APPROVED _____

Date

Amount Approved

REFERRED TO: _____