



HABERSHAM EMC FOUNDATION, INC.
Operation Round Up Program

C/O Glenn Purcell • Habersham EMC • 6135 State Hwy 115 W. • Clarkesville, GA 30523
(706) 754-2114 • (706) 865-4362 • (800) 640-6812

Dear Operation Round Up ® Applicant:

Thank you for inquiring about a grant from Habersham EMC Foundation’s Operation Round Up® program.

Attached is an application with instructions. Please read the application carefully and note that all parts of the application must be filled out completely. **Incomplete applications will automatically be denied.**

Grants may not be awarded to pay utility bills or for political contributions. Grants are awarded to those residing within Habersham EMC’s six-county service area of Habersham, Hall, Lumpkin, Rabun, Stephens and White counties.

To assist you in submitting a complete application, the following checklist has been provided for you:

- _____ Complete all parts of the application.
- _____ Include the exact dollar amount for your request.
- _____ Include a personal statement explaining how the funds will be used and the circumstances that have prompted your need for assistance.
- _____ Include at least 2 estimates, if applicable, directly related to your request.
- _____ Include bills/invoices, if applicable, directly related to your request.

Once you have completed the above requirements, please submit the application to the above address by the deadline.

Please note that only one application may be submitted in a 24 consecutive month period regardless of previous approval or denial. If you have any questions, please contact me at (706) 754-2114, Ext. 4117 or Linda Allen, Ext. 4217.

Thank you,

Glenn Purcell
Vice President, Technology & Services

2019 Meeting and Application Deadline Schedule

Meeting: January 24, 2019	Application Deadline: December 28, 2018
Meeting: April 25, 2019	Application Deadline: March 29, 2019
Meeting: August 22, 2019	Application Deadline: July 31, 2019
Meeting: October 24, 2019	Application Deadline: September 30, 2019

All scheduled meetings are subject to change.



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6135 State Hwy. 115 W. * Clarkesville, GA 30523
(706)754-2114 or (800)640-6812 Fax (800)640-6813 E-Mail: forinfo@hemc.coop

For Office Use Only

Application for Individual and/or Family

Please type or print clearly with dark ink.

Individual Family

Request

- **Date of Application:** _____ **Amount of Request: \$** _____
- **Purpose of request for donation: (Please itemize costs and state how the funds will be used.)**

- **Name/Address/Telephone of Person Completing Application:** _____
- **Have you ever received a grant from Habersham EMC Foundation? Yes ___ No ___**
If yes, when was grant received? _____ Amount of Grant: _____
(Individuals or Families that have received a grant in the past 24 months are not eligible)
- **Please attach your personal statement to explain how the funds will be used, and explain the circumstances that have prompted your need for assistance.**
- **Please attach appropriate bids/estimates/bills directly relating to your request.**

Personal Information

- **Name of Applicant:** _____
Last First Middle
- **Is applicant related to a Habersham EMC employee or director, or board member of the Habersham EMC Foundation, Inc.? Yes ___ No ___**
If yes, please describe relationship? _____
- **Habersham EMC Member #:** _____
- **Address:** _____
Street or P. O. Box
City State Zip Code County
- **Home Phone:** _____ **Work/Cell Phone:** _____
- **List other members of household, including children (if children, give age):** _____

Personal References

- **Please give three references from persons OTHER than relatives. (References may not be given by a director or employee of Habersham EMC or Habersham EMC Foundation, Inc.)**
- 1. **Name:** _____ **Phone:** _____
Address: _____
Occupation: _____ **Relationship to Applicant:** _____
- 2. **Name:** _____ **Phone:** _____
Address: _____
Occupation: _____ **Relationship to Applicant:** _____
- 3. **Name:** _____ **Phone:** _____
Address: _____
Occupation: _____ **Relationship to Applicant:** _____

Employment Information

- **Is applicant currently employed?** Yes _____ No _____
- **If not, please explain why:** _____
- **Gross MONTHLY earnings** (include all employed members of the household)
Please attach 3 months proof of income.

Employer # 1 _____	Employer # 2 _____
Address _____	Address _____
Dates of Employment _____	Dates of Employment _____
Supervisor _____	Supervisor _____
Phone _____ Salary _____	Phone _____ Salary _____

- **Employment of Others in Household—Name** _____

Employer # 1 _____	Employer # 2 _____
Address _____	Address _____
Dates of Employment _____	Dates of Employment _____
Supervisor _____	Supervisor _____
Phone _____ Salary _____	Phone _____ Salary _____

Other Assistance

- **List other social service agencies (DFACS, EOA, etc.) you have contacted** (include name of contact person):

- **Is individual or family receiving any other form of assistance** (donations, insurance, etc.)? Yes ___ No ___

- **If yes, please list:** _____
- _____
- _____
- _____

Incomplete applications will automatically be denied assistance

Financial Statement

Date of this statement _____

Monthly Expenses

Housing:	Mortgage or rent payment.....	\$ _____
	Food.....	\$ _____
Utilities:	Electricity.....	\$ _____
	Gas.....	\$ _____
	Telephone.....	\$ _____
	Water & Sewer.....	\$ _____
	Other _____.....	\$ _____
Transportation:	Automobile Payments.....	\$ _____
	Gasoline.....	\$ _____
Insurance:	Homeowners/Renters Insurance.....	\$ _____
	Medical.....	\$ _____
	Life.....	\$ _____
	Automobile.....	\$ _____
Credit Cards/ Charge Accounts (specify):	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
Loan Payments (specify):	_____	\$ _____
	_____	\$ _____
Real Estate Taxes (specify):	_____	\$ _____
Other Expenses (specify):	_____	\$ _____
	_____	\$ _____
TOTAL MONTHLY EXPENSES.....		\$ _____

Monthly Income

Total Gross Earnings for Household.....	\$ _____
Bonus, Tips & Commission.....	\$ _____
Social Security Benefits.....	\$ _____
Farm Income.....	\$ _____
Dividends & Interest.....	\$ _____
Real Estate Income.....	\$ _____
Alimony.....	\$ _____
Child Support.....	\$ _____
Food Stamps.....	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
TOTAL MONTHLY INCOME.....	\$ _____

Incomplete applications will automatically be denied assistance

Assets

• Cash on Hand:		
Bank Name _____	Acct # _____	Balance \$ _____
Bank Name _____	Acct # _____	Balance \$ _____
• Real Estate (list all property that you own, i.e. house, mobile home, acreage):		
Property # 1 _____	Amount Owed _____	Market Value \$ _____
Property # 1 _____	Amount Owed _____	Market Value \$ _____
Property # 1 _____	Amount Owed _____	Market Value \$ _____
• Other Assets (personal property, auto, whole life insurance, retirement/pension/annuity-include description):		
#1 _____	Amount Owed _____	Cash Value \$ _____
#2 _____	Amount Owed _____	Cash Value \$ _____
#3 _____	Amount Owed _____	Cash Value \$ _____
#4 _____	Amount Owed _____	Cash Value \$ _____
TOTAL ASSETS		\$ _____

Liabilities

• Notes Payable & Mortgage (list home loan, car loans, credit card debt, student loans):	
1. Lender Name, Address & Phone # _____	\$ _____

2. Lender Name, Address & Phone # _____	\$ _____

3. Lender Name, Address & Phone # _____	\$ _____

• Other Debt (taxes, bills, miscellaneous—include address) Attach list if necessary.	
Debt #1 _____	\$ _____
Debt #2 _____	\$ _____
Debt #3 _____	\$ _____
Debt #4 _____	\$ _____
Debt #5 _____	\$ _____
Debt #6 _____	\$ _____
TOTAL LIABILITIES	
	\$ _____

The information contained in this application is for the purpose of obtaining funding from the Habersham EMC Foundation, Inc. on behalf of the applicant. Each applicant understands that the information provided in this application is used to determine grant funding, and each applicant guarantees that the information provided is true and complete and that the Habersham EMC Foundation, Inc. may consider this application as continuing to be true and correct until a written notice of a change is provided. The Habersham EMC Foundation, Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of this application.

Please check box at right if you do NOT want the information contained in this application to be shared with other agencies that may help meet your needs.

Signature of Applicant

Date

Signature of Spouse/Co-Applicant

Date

To be considered, this application MUST be complete and MUST be accompanied with:

- 1. A personal statement explaining circumstances surrounding your request and how the funds will be used**
- 2. At least 2 estimates, if applicable**
- 3. All billing/invoices, if applicable**