



Operation Round Up

A community service program from
Heartland REMC

Grant Application for EMERGENCY ASSISTANCE

1. Name: _____
Last First Middle

2. Social Security Number: _____

3. Number of Members in Household: _____

4. Address: _____
Residence Address Mailing Address

_____ City or Town State Zip Code

5. Phone Number: _____
Home Work

6. Reason for Request for Donation: (Include amount requested and specific use of funds)

The information contained in this statement is for the purpose of obtaining funding from the Heartland REMC Operation Round Up® 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 Heartland REMC Operation Round Up® Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Heartland REMC Operation Round Up® 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