



OPERATION ROUND UP® PROGRAM

206 County Road K
Lancaster WI 53813
(608) 723-2121 or (800) 236-2141

**APPLICATION FOR DONATION
FOR INDIVIDUAL AND/OR FAMILY**

1. Name: _____
Last First Middle

2. Other Members of Household:

	Last	First	Middle	Relationship
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____

3. Address: _____
Street or Post Office Box

_____ City or Town State Zip Code

4. Phone Number: _____
Home Work

5. Reason or Request: (Include amount requested and specific use of funds.)

6. Is individual or family receiving any other form of assistance or aid for above stated request (donations, insurance, etc.)?

Yes _____ No _____

If yes, please list:

7. Please list three references. (May not be a director or employee of Scenic Rivers Energy Cooperative.)

Name Phone

Address City State Zip Code

Name Phone

Address City State Zip Code

Name Phone

Address City State Zip Code

The information contained in this statement is for the purpose of obtaining funding from Scenic Rivers Energy Cooperative 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 Scenic Rivers Energy Cooperative may consider this statement as continuing to be true and correct until a written notice of a change is provided. Scenic Rivers Energy Cooperative 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