



	Name	Supervisor
	_____	_____
	Address	Phone
(2b)	_____	_____
	Name	Supervisor
	_____	_____
	Address	Phone
(2c)	_____	_____
	Name	Supervisor
	_____	_____
	Address	Phone
(2d)	_____	_____
	Name	Supervisor
	_____	_____
	Address	Phone
(2e)	_____	_____
	Name	Supervisor
	_____	_____
	Address	Phone

6. Description of accident or illness:

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7. List amount requested and specific use of funds:

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8. 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:

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THE INFORMATION CONTAINED IN THIS STATEMENT IS FOR THE PURPOSE OF OBTAINING FUNDING FROM THE MCKENZIE ELECTRIC OPERATION ROUNDUP, INC. 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 MCKENZIE ELECTRIC OPERATION ROUNDUP, INC., MAY CONSIDER THIS STATEMENT AS CONTINUING TO BE TRUE AND CORRECT UNTIL A WRITTEN NOTICE OF A CHANGE IS PROVIDED.

THE MCKENZIE ELECTRIC OPERATION ROUNDUP, INC., IS AUTHORIZED TO MAKE ALL INQUIRIES THEY DEEM NECESSARY TO VERIFY THE ACCURACY OF THE STATEMENTS MADE HEREIN.

\_\_\_\_\_  
TAX ID #

\_\_\_\_\_  
NAME OF ORGANIZATION

\_\_\_\_\_  
SIGNATURE OF REPRESENTATIVE

\_\_\_\_\_  
DATE