

AIKEN ELECTRIC TRUST  
P. O. Box 417, 2790 Wagener Road  
Aiken SC 29802-0417  
(803) 649-6245

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

1. Personal Information

\_\_\_\_\_  
Last Name                      First Name                      Middle Name                      Age

2. Other Members of Household

- a. \_\_\_\_\_  
Last Name                      First Name                      Middle Name                      Age      Relationship
- b. \_\_\_\_\_  
Last Name                      First Name                      Middle Name                      Age      Relationship
- c. \_\_\_\_\_  
Last Name                      First Name                      Middle Name                      Age      Relationship
- d. \_\_\_\_\_  
Last Name                      First Name                      Middle Name                      Age      Relationship
- e. \_\_\_\_\_  
Last Name                      First Name                      Middle Name                      Age      Relationship

3. Address:

\_\_\_\_\_  
Street or Post Office Box

\_\_\_\_\_  
City or Town                      State                      Zip Code

4. Phone Number:

\_\_\_\_\_  
Home                      Work

5. Employer of those listed in No. 1 and No. 2 above:

- (1) \_\_\_\_\_  
Name                      Supervisor
- \_\_\_\_\_  
Address                      Phone
- (2a) \_\_\_\_\_  
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. Amount Requested \$ \_\_\_\_\_

Reason for Request of Donation and Specific Use of Funds:

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7. 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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8. Statement of Financial Condition as of \_\_\_\_\_, 20\_\_\_\_.

**ASSETS**

**AMOUNTS**

Cash	_____		\$	_____
	Banking Institution	Acct. No		
	_____		\$	_____
	Banking Institution	Acct. No		
	_____		\$	_____
	Banking Institution	Acct. No		
Real Estate	_____		\$	_____
	Partial or Wholly Owned	County		Market Value
	_____		\$	_____
	Partial or Wholly Owned	County		Market Value
	_____		\$	_____
	Partial or Wholly Owned	County		Market Value
Securities	_____		\$	_____
	Description	Identification No.		Value
	_____		\$	_____
	Description	Identification No.		Value
	_____		\$	_____
	Description	Identification No.		Value

Other Receivables (State Type: Personal Property, Loan Receivable, Auto, Life Insurance (Cash Value) Other Assets.  
Include description, Account No., etc.)

_____	\$ _____
Type	Value
_____	\$ _____
Type	Value
_____	\$ _____
Type	Value

**TOTAL ASSETS**

\$ \_\_\_\_\_

**LIABILITIES**

**AMOUNTS**

Notes Payable

_____	\$ _____
Lender's Name	
_____	
Lender's Address	
_____	\$ _____
Lender's Name	
_____	
Lender's Address	
_____	\$ _____
Lender's Name	
_____	
Lender's Address	

Mortgage

_____	\$ _____
Mortgagor's Name	
_____	
Mortgagor's Address	
_____	\$ _____
Lender's Name	
_____	
Lender's Address	

Other Debt (State Type: Taxes, Bills Outstanding, Other)

_____	\$ _____
Type	
_____	\$ _____
Type	
_____	\$ _____
Type	

**TOTAL LIABILITIES**

\$ \_\_\_\_\_



**SOURCES OF MONTHLY INCOME**

**AMOUNTS**

Salary	_____	\$ _____
	Employer's Name	
Bonus, Tips, & Commissions		\$ _____
Dividends & Interest		\$ _____
Real Estate Income		\$ _____
Farm Income		\$ _____
Other: (Please State: Alimony, Child Support, Other)		
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

**TOTAL SOURCES OF MONTHLY INCOME** \$ \_\_\_\_\_

9. Please list three references. (May not be a director or employee of Aiken Electric Cooperative, Inc. or the Aiken Electric Trust.)

_____		_____	
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 the Aiken 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 warrant that the information provided is true and complete and that the Aiken Electric Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Aiken 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