

SIOUX VALLEY ENERGY CUSTOMERS' TRUST
PO Box 216
Colman, SD 57017

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

1. Name: _____
Last First Middle

2. Other Members of Household

	Last Name	First Name	Middle	Age	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. 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. Reason for Request for Donation **(Include amount requested & specific use of funds)**

a. Amount requested: _____

b. Specific use of funds: _____

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:

8. Statement of Financial Condition as of _____, 20____.
 (Please attach a copy of your most recent tax filing.)

ASSETS

AMOUNTS

Cash

\$ _____

Banking Institution Acct. No. _____

\$ _____

Banking Institution Acct. No. _____

\$ _____

Banking Institution Acct. No. _____

Real Estate

\$ _____

Partial of Wholly Owned County _____

Market Value

\$ _____

Partial of Wholly Owned County _____

Market Value

\$ _____

Partial of Wholly Owned County _____

Market Value

Securities

\$ _____

Description Identification No. _____

Value

\$ _____

Description Identification No. _____

Value

\$ _____

Description Identification No. _____

Value

Other Receivable (State Type: Personal Property, Loan Receivable, Auto, Life Insurance (Cash Value), Other Assets. Include description, account number, etc.)

\$ _____

_____ Type

Value

\$ _____

_____ 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

Mortgagor's Name

\$ _____

Mortgagor's Address

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

Type

\$ _____

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)

_____ \$ _____
Type

_____ \$ _____
Type

_____ \$ _____
Type

_____ \$ _____
Type

TOTAL SOURCES OF MONTHLY INCOME \$ _____

9. Please list three references. (May not be a director or employee of Sioux Valley Southwestern Electric Cooperative, Sioux Valley Wireless or the Sioux Valley Energy Customer Trust.)

Name Phone

Address City State Zip Code

Name Phone

Address City State Zip Code

Name Phone

Address City State Zip Code

Place a check to indicate that the following item has been included with this application:

Copy of the most recent tax filing

The information contained in this statement is for the purpose of obtaining funding from the Sioux Valley Energy Customer 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 Sioux Valley Energy Customer Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Sioux Valley Energy Customer Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

As a condition of receiving and accepting these grant funds, the undersigned agrees that all funds will be used for the project approved and as stated on the application. Any funds not used shall be returned to the Sioux Valley Energy Customer Trust.

I agree to the terms stated above.

SIGNATURE OF APPLICANT/RECIPIENT

SIGNATURE OF SPOUSE

DATE

Please be sure application is complete and all requested information is provided. Incomplete applications will be returned without consideration by the Board. Please call 1-800-234-1960 with questions. Thank you.