

# PERSONAL APPLICATION



Please complete the following application and return to the Central office. Giving is limited to individuals in Central's service area. Individuals can receive a maximum of \$500 under the category of personal needs and \$2,500 in a year.

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

SOURCE OF PERSONAL INCOME \_\_\_\_\_

## LIST OTHER MEMBERS IN HOUSEHOLD:

Name	Age	Relationship	Employer
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AMOUNT OF GRANT REQUESTED \_\_\_\_\_

FIELD OF INTEREST:    HEALTHCARE    EDUCATION    PERSONAL NEEDS

DESCRIPTION OF REQUEST (PLEASE BE THOROUGH. ADDITIONAL PAGES MAY BE ATTACHED IF NEEDED.)

ARE YOU RECEIVING ANY OTHER FORM OF ASSISTANCE OR AID FOR THE ABOVE STATED REQUEST?

YES    NO

IF YES, PLEASE LIST FUNDING SOURCE(S):

AMOUNT \_\_\_\_\_

HAVE YOU PREVIOUSLY APPLIED TO THE CENTRAL COMMUNITY FOUNDATION? YES NO

ARE YOU REQUESTING FUNDS FROM OTHER SOURCE(S)? YES NO

IF YES, PLEASE LIST FUNDING SOURCE(S) AND TELEPHONE NUMBER(S):

PLEASE INDICATE A BRIEF BUDGET FOR THIS REQUEST (ADDITIONAL PAGES MAY BE ATTACHED IF NEEDED).

IF THIS REQUEST IS NOT FULLY FUNDED, WILL IT BE INITIATED? YES NO

By signing below, you affirm that the information presented on this application is accurate. (Applications that are not signed will not be processed or considered by Operation Round Up board of directors)

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



**Completed applications can be:**

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- Mailed to Central Community Foundation, P.O. Box 1809, Stillwater, OK 74076
- Emailed to Erin Talley, Foundation Coordinator at [etalley@mycentral.coop](mailto:etalley@mycentral.coop)
- Faxed to 405-533-4283
- Delivered to the Central office at 3305 S. Boomer Rd., Stillwater, OK 74074

Or visit <https://MyCentral.Foundation/Apply> to complete the web application.