



PO Box 109
Midway, Ga 31320
(912) 884-3311

Application for Donation

Senior Citizen

(Head-of-Household Must Be 65 Or Older)

Name: Last	First	MI	Social Security # - -	Age
PO Box/Street	City		State	Zip
Contact Numbers				
Day: () - Night: () -				
Grant Request Information				
Reason for grant request. List specific use of funds. Attach estimates for labor and materials				Amount Requested \$
				Amount Approved \$
Other Sources Of Assistance That Have Been Applied For And/Or Received That Will Be Used On This Project (List)				
\$		\$		
\$		\$		
Applicant's Income Information				
Social Security Income \$ per month	Retirement Income \$ per month		Other Income (Applicants Only) \$ per month	
Co-Applicant (s) - (Attach Additional Sheets If Needed)				
Last Name	First	MI	Relationship	SSN - - .
Age				
Employer	Supervisor	Phone # () - .		Wage \$ hr/wk/yr
References (May Not Be Affiliated with Coastal EMC Foundation or Coastal EMC)				
Name	City		Phone # () - .	
Name	City		Phone # () - .	
Name	City		Phone # () - .	
The information contained in this statement is for the purpose of obtaining funding from the Coastal EMC Foundation, 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 Coastal EMC Foundation, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Coastal EMC Foundation, Inc. is authorized to make all inquires them deem necessary to verify the accuracy of the statements made herein.				
Applicant's Signature		Co-Applicant's Signature		Date