

SNAPPING SHOALS ELECTRIC TRUST
Operation Round-Up Financial Assistance for Education

CRITERIA

1. To be eligible for assistance, an individual must be a member of a household **electrically** served by Snapping Shoals EMC for at least 4 months.
2. Financial need will be the primary criterion. The adjusted gross income for the household can be no more than \$50,000.
3. Funds may be used at an accredited college, university, vocational-technical school or trade school located in **Georgia** only.
4. There is no age limit. Applicants can be high school seniors, college students (undergraduates), vo-tech students or adults who want to go to school.
5. To qualify for assistance, the applicant must be accepted at the school he or she has chosen. To remain eligible, the applicant must meet the minimum GPA requirement of that institution.
6. Funds must be used within one year of the date of approval. Applicants can reapply each year. Help is limited to four years only.
7. Applications will be accepted only from March 1 to May 15th. Funds are limited.
8. Snapping Shoals EMC employees, directors and Trust Board members and relatives of the aforementioned are not eligible for Operation Round-Up assistance, including educational assistance.

To apply for educational assistance through Operation Roundup, please complete the attached application and return it along with a copy of your most recent IRS Form 1040, 1040A or 1040EZ and a copy of your W2 to Snapping Shoals EMC, Operation Roundup, P O Box 509, Covington, GA 30015.

Please be sure to complete each section of the application and include a copy of your tax form. (Do not include schedules or other tax attachments.) **Applications will be returned if not complete.**

If you qualify as a dependent of your parents, please provide the required information concerning your parents and yourself.

If you do not qualify as a dependent of your parents, please provide information for yourself and, if you are married, your spouse.

9. What degree or certificate do you plan to attain?

What is your projected date of completion?

10. Explain reason for selecting this school.

11. ***If high school or college student, please provide current transcript.**

12. Statement of Financial Condition as of _____, 20____.

		<u>SELF</u>	<u>SPOUSE</u>	<u>PARENTS</u>
<u>ASSETS</u>		<u>AMOUNTS</u>		
<u>CASH</u>				
_____		\$ _____	\$ _____	\$ _____
Banking Institution - Checking				
_____		\$ _____	\$ _____	\$ _____
Banking Institution - Savings, Stocks or Bonds				
 <u>REAL ESTATE (House, Land, Rental Property)</u>				
_____	_____	\$ _____	\$ _____	\$ _____
Partially or Wholly Owned	County	Market Value	Market Value	Market Value
_____	_____	\$ _____	\$ _____	\$ _____
Rental Property	County	Market Value	Market Value	Market Value
_____	_____	\$ _____	\$ _____	\$ _____
Land	County	Market Value	Market Value	Market Value

List Automobiles (year and model) and other type of personal property:

	<u>SELF</u>	<u>SPOUSE</u>	<u>PARENTS</u>
	<u>AMOUNT:</u>		
_____	\$ _____	\$ _____	\$ _____
Type _____	Value	Value	Value
_____	\$ _____	\$ _____	\$ _____
Type _____	Value	Value	Value
_____	\$ _____	\$ _____	\$ _____
Type _____	Value	Value	Value
<u>TOTAL ASSETS</u>	\$ _____	\$ _____	\$ _____

LIABILITIES **AMOUNT:**

NOTES PAYABLE

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

MORTGAGE

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

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

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

<u>TOTAL LIABILITIES</u>	\$ _____	\$ _____	\$ _____
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MONTHLY EXPENSES

Please enter amount paid per month only***

		<u>SELF</u>	<u>SPOUSE</u>	<u>PARENTS</u>
Housing	Mortgage _____ Rent _____	\$ _____	\$ _____	\$ _____
Food: Dollar amount per month		\$ _____	\$ _____	\$ _____
Utilities	Electricity	\$ _____	\$ _____	\$ _____
	Gas	\$ _____	\$ _____	\$ _____
	Telephone	\$ _____	\$ _____	\$ _____
	Cable TV	\$ _____	\$ _____	\$ _____
	Cell Phone	\$ _____	\$ _____	\$ _____
	Water	\$ _____	\$ _____	\$ _____
Transportation	Car Payments	\$ _____	\$ _____	\$ _____
	Gasoline	\$ _____	\$ _____	\$ _____
Insurance	Medical	\$ _____	\$ _____	\$ _____
	Life	\$ _____	\$ _____	\$ _____
	Automobile	\$ _____	\$ _____	\$ _____
Medical	Doctors	\$ _____	\$ _____	\$ _____
	Hospital	\$ _____	\$ _____	\$ _____
	Medication	\$ _____	\$ _____	\$ _____
Charge Accounts (Specify)	_____	\$ _____	\$ _____	\$ _____
	_____	\$ _____	\$ _____	\$ _____
	_____	\$ _____	\$ _____	\$ _____
	_____	\$ _____	\$ _____	\$ _____
Loans (Specify)	_____	\$ _____	\$ _____	\$ _____
	_____	\$ _____	\$ _____	\$ _____
Taxes (Specify)	_____	\$ _____	\$ _____	\$ _____
	_____	\$ _____	\$ _____	\$ _____
Other Expenses (Specify)	_____	\$ _____	\$ _____	\$ _____
	_____	\$ _____	\$ _____	\$ _____
	_____	\$ _____	\$ _____	\$ _____
<u>TOTAL MONTHLY EXPENSES</u>		\$ _____	\$ _____	\$ _____

<u>SOURCES OF MONTHLY INCOME</u>	<u>SELF</u>	<u>SPOUSE</u>	<u>PARENTS</u>
Applicant's Monthly Salary	\$ _____	\$ _____	\$ _____
_____ Employer's Name			
Spouse's Monthly Salary	\$ _____	\$ _____	\$ _____
_____ Employer's Name			
Parents or Legal Guardian Salary	\$ _____	\$ _____	\$ _____
_____ Employer's Name			
Bonus, Tips, & Commissions	\$ _____	\$ _____	\$ _____
Dividends & Interest	\$ _____	\$ _____	\$ _____
Real Estate Income	\$ _____	\$ _____	\$ _____
Other Income such as (Retirement, Social Security, Disability, Alimony, Child Support, Food Stamps)			
_____ Type	\$ _____	\$ _____	\$ _____
_____ Type	\$ _____	\$ _____	\$ _____
<u>TOTAL SOURCES OF MONTHLY INCOME</u>	\$ _____	\$ _____	\$ _____

13. List three references **OTHER** than relatives. (May not be a director or employee of Snapping Shoals Electric Cooperative or Snapping Shoals Electric Trust.)**MUST BE LOCAL TELEPHONE AND ADDRESSES**

Name	Phone
Address	City State Zip
Name	Phone
Address	City State Zip
Name	Phone
Address	City State Zip

The information contained in this statement is for the purpose of obtaining funding from the Snapping Shoals Electric Trust, Inc., on behalf of the undersigned applicant/recipient. Each of the 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 Snapping Shoals Electric Trust, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided by the undersigned. The Snapping Shoals Electric Trust, Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

In furnishing financial assistance, it is expressly understood that the Snapping Shoals Electric Trust, Inc. and its Board of Directors, neither singularly nor jointly accepts any liability for the product furnished or work performed as a result of the allocation of funds.

Each of the undersigned hereby agrees to indemnify and hold harmless the Snapping Shoals Electric Trust, Inc., its directors, officers, employees, and agents and Snapping Shoals Electric Membership Corporation, its directors, officers, employees, and agents (“Indemnitees”) from and against any and all claims, losses, damages, liabilities, suits, cost and expenses (including attorneys’ and experts’ fees and expenses) (herein referred to as a “Claim”) incurred by or asserted against any of the undersigned as a result of or in connection with (1) any investigation or inquiry into this application of any kind whatsoever made by Indemnitees including, without limitation, inquiry into the financial status of the undersigned or validity of the undersigned’s request, liabilities, assets, or anything related to the application whatsoever; and (2) any damages resulting from the product furnished or work performed as a result of the allocation of funds. The undersigned further acknowledges and covenants that, in consideration for the application and any assistance received by the undersigned from the Snapping Shoals Electric Trust, Inc., the undersigned has knowingly relinquished, waived and forever released any and all damages and remedies which might otherwise be available to the undersigned, including, without limitation, claims for breach or invasion of privacy, warranty claims, contract or tort damages of any type, claims for legal or equitable relief under either federal or state statutory and common law. The undersigned further acknowledges and covenants not to sue Indemnitees, or to participate or aid in any way in any suit or proceeding (except as required by law) against Indemnitees or to execute, seek to impose, collect or recover upon, or otherwise enforce or accept any judgment, decision, award, warrant or attachment upon any claim released by the undersigned herein.

SIGNATURE OF APPLICANT/RECIPIENT

SIGNATURE OF SPOUSE

DATE