

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.

**SNAPPING SHOALS ELECTRIC TRUST
POST OFFICE BOX 509
COVINGTON, GA 30015
FAX 770-385-2703**

APPLICATION FOR EDUCATION ASSISTANCE

INCOMPLETE APPLICATIONS WILL AUTOMATICALLY BE RETURNED

RELATIVES OF EMPLOYEES OF SNAPPING SHOALS EMC, SNAPPING SHOALS EMC BOARD OF DIRECTORS AND SNAPPING SHOALS ELECTRIC TRUST BOARD OF DIRECTORS ARE NOT ELIGIBLE TO RECEIVE ANY DISBURSEMENT OF MONIES FROM OPERATION ROUNDUP.

Are you a relative of an employee or director of Snapping Shoals EMC or Snapping Shoals Electric Trust?
Yes _____ No _____ If yes, how? _____

1. **Applicant Name:** _____
Last First Middle Age

2. **Address:** _____
Street or Post Office Box
_____ City or Town State Zip County

3. **Phone:** _____ **SSN:** _____
Home Work

***Snapping Shoals EMC Account Number:** _____

4. **Employer:** _____
Address: _____
Phone Number: _____

5. **Mother's Name:** _____
Address: _____
Phone: _____
Home Work

Employer: _____
Address: _____

Father's Name: _____
Address: _____
Phone: _____
Home Work

Employer: _____

Address: _____

Spouse: _____

Employer: _____

Address: _____

Phone: _____
Home Work

Members of Household:

	Last Name	First	Middle	Age	Relationship	Income
a.	_____	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____	_____
d.	_____	_____	_____	_____	_____	_____
e.	_____	_____	_____	_____	_____	_____

6. Reason for Request for Donation: (Include amount requested and specific use of funds.)

7. Is individual or family receiving any other form of assistance or aid for above stated request (scholarship grants, etc.)?

Yes ___ No ___

If yes, please list:

If you have a 3.0 GPA or greater, have you applied for the Hope Grant? _____

8. What college, technical, vocational or trade school do you plan to attend?

INSTITUTION NAME ADDRESS CITY STATE ZIP

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____.

ASSETS

SELF

SPOUSE

PARENTS

CASH

Table with 4 columns: Description, SELF, SPOUSE, PARENTS. Rows include Banking Institution - Checking and Banking Institution - Savings, Stocks or Bonds.

REAL ESTATE (House, Land, Rental Property)

Table with 5 columns: Description, County, SELF Market Value, SPOUSE Market Value, PARENTS Market Value. Rows include Partially or Wholly Owned, Rental Property, and Land.

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

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

LIABILITIES

	<u>SELF</u>	<u>SPOUSE</u>	<u>PARENTS</u>
<u>NOTES PAYABLE</u>			
_____ Lender's Name _____	\$ _____	\$ _____	\$ _____
_____ Lender's Name _____	\$ _____	\$ _____	\$ _____
<u>MORTGAGE</u>			
_____ Mortgagor's Name _____	\$ _____	\$ _____	\$ _____
_____ Mortgagor's Address _____	\$ _____	\$ _____	\$ _____
Other Debt (State Type: Taxes, Bills Outstanding, Other)			
_____ Type _____	\$ _____	\$ _____	\$ _____
_____ Type _____	\$ _____	\$ _____	\$ _____
<u>TOTAL LIABILITIES</u>	\$ _____	\$ _____	\$ _____

MONTHLY EXPENSES

Please enter amount paid per month only***

SELF

SPOUSE

PARENTS

Housing Mortgage _____ Rent _____

\$ _____

\$ _____

\$ _____

Food: Dollar amount per month

\$ _____

\$ _____

\$ _____

Utilities
(Monthly payment only)

Electricity

\$ _____

\$ _____

\$ _____

Gas

\$ _____

\$ _____

\$ _____

Telephone

\$ _____

\$ _____

\$ _____

Cable TV

\$ _____

\$ _____

\$ _____

Cell Phone

\$ _____

\$ _____

\$ _____

Water

\$ _____

\$ _____

\$ _____

Transportation
(Monthly payment only)

Car Payments

\$ _____

\$ _____

\$ _____

Gasoline

\$ _____

\$ _____

\$ _____

Insurance
(Monthly payment only)

Medical

\$ _____

\$ _____

\$ _____

Life

\$ _____

\$ _____

\$ _____

Automobile

\$ _____

\$ _____

\$ _____

Medical
(Monthly payment only)

Doctors

\$ _____

\$ _____

\$ _____

Hospital

\$ _____

\$ _____

\$ _____

Medication

\$ _____

\$ _____

\$ _____

Charge Accounts (Specify)
(Monthly payment only)

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Loans (Specify)
(Monthly payment only)

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Taxes (Specify)
(Monthly payment only)

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Other Expenses (Specify)
(Monthly payment only)

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

TOTAL MONTHLY EXPENSES

\$ _____

\$ _____

\$ _____

<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			
Parent's or Legal Guardian's 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 TELEPHONES 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