

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

\$ \_\_\_\_\_

MONTHLY EXPENSES

AMOUNTS

Housing Mortgage or Rent \$ \_\_\_\_\_  
Circle One

Food \$ \_\_\_\_\_

Utilities Electricity \$ \_\_\_\_\_  
Gas \$ \_\_\_\_\_  
Telephone \$ \_\_\_\_\_

Transportation Auto Payments \$ \_\_\_\_\_  
Gasoline \$ \_\_\_\_\_

Insurance Medical \$ \_\_\_\_\_  
Life \$ \_\_\_\_\_  
Auto \$ \_\_\_\_\_

Medical Doctors \$ \_\_\_\_\_  
Hospital \$ \_\_\_\_\_  
Medication \$ \_\_\_\_\_

Charge Accounts (Specify) \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

Loans (Specify) \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

Taxes (Specify) \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

Other Expenses (Specify) \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

TOTAL MONTHLY EXPENSES \$ \_\_\_\_\_

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.

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**SIGNATURE OF APPLICANT/RECIPIENT**

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**SIGNATURE OF SPOUSE**

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**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.**

Filename: S:HR/Operation Round-Up/Application Form.xls