9. Please list two references.

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

The information contained in this statement is for the purpose of obtaining funding from the Agralite Electric 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 Agralite Electric Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Agralite Electric Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

NAME

DATE

Applications for individual assistance can be approved at any time. Send all applications to:

Agralite Electric Cooperative PO Box 228 Benson, MN 56215

APPLICATION FOR DONATION FOR INDIVIDUALS



Agralite Electric Trust PO Box 228 Benson MN 56215 320-843-4150 or 1-800-950-8375 I would like to request a grant from Agralite Electric Trust and Operation Round Up Funds.

1. Name:					
2. Address:	ral Route or PO Box		_	 	
Street, Ku	ral Route of PO Box		_		
City	State	Zip Code	-	 	
3. Phone Number:			-	 	
	Work H	Iome	-		
4. Amount Request	ed:		_		
5. Individual recipie	ent of the grant:		-		
5. Date and time of	benefit:		_	 	
7. List other source this individual:	es of funding you	have requested for	-	 	
			_	 	
			_	 	
			-	 	
			_	 	

8. Describe the nature of the individual's needs (medical conditions, extent of fire damage, etc.). Attach additional information as needed.