



N O R T H E A S T L O U I S I A N A

# Power Cooperative

Operation Roundup, Inc.

Post Office Box 1577 | Winnsboro, LA 71295 | (318)435-4523

www.nelpco.coop



## APPLICATION FOR DONATION FOR INDIVIDUAL AND/OR FAMILY

1. Name \_\_\_\_\_  
Last First Middle

2. Other Members of Household:

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

3. Address: \_\_\_\_\_  
Residence Address Mailing Address  
\_\_\_\_\_  
City or Town State Zip Code

4. Phone Number: \_\_\_\_\_  
Home Work

5. Employer of those in No. 1 and No. 2 above:

(1)	_____	_____
	Employer	Supervisor
	_____	_____
	Address	Phone

(2a)	_____	_____
	Employer	Supervisor
	_____	_____
	Address	Phone



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(2b) \_\_\_\_\_  
Employer

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

(2c) \_\_\_\_\_  
Employer

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

(2d) \_\_\_\_\_  
Employer

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

(2e) \_\_\_\_\_  
Employer

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. At least one quote representing your request must be provided.

Quote(s) attached \_\_\_\_\_

8. Is individual or family receiving any other form of assistance or aid for above stated request (Food Stamps, AFDC, donations, insurance, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





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\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
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 Northeast Louisiana Power Cooperative, Operation Roundup, 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 Trust may consider this statement as continuing to be true and correct until a written notice of change is provided. The Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF SPOUSE

\_\_\_\_\_  
DATE

\* No more than \$2,500 will be donated to any individual on an annual basis.