

HOLY CROSS ENERGY ROUND-UP FOUNDATION
INDIVIDUAL/FAMILY APPLICATION

Please complete all information. Incomplete applications will not be considered.

Name: _____

Date of Birth: _____

Marital status (please circle): Single Married Divorced Widowed Prefer not to disclose

Are you an HCE member? Yes No Not sure

How long have you lived in Garfield, Eagle or Pitkin Counties? _____

Spouse's Name (if applicable): _____

Physical address:

Mailing address (if applicable:

Phone: _____ Email: _____

Amount requested: \$ _____

You must submit documentation for all funds requested up to \$1,500 max

What life circumstances have led you to request assistance?

Job Loss/layoff Illness Change in family status Increased household expenses

Other (please explain): _____

Please explain what life circumstances compelled you to apply to the Round-Up Foundation and what your requested donation will be used for. We recommend you write at least 5 to 7 sentences to explain your need, please attach additional sheets as necessary:

We work with our partner agencies at Salvation Army, Catholic Charities, Goodwill Colorado, our local school resource centers, and others to help us identify individuals and families in need. Preference is given to applicants who are actively working with an assistance agency to meet their unmet needs.

Name/Phone/Email for assistance agency reference:

Name/Phone/Email for other references:

Are you currently receiving any other assistance benefits such as Social Security, Medicare/aid, WIC, or SNAP? Yes No

If yes, please specify assistance and benefit amounts: _____

Employer Name: _____

May we contact your employer about your situation? Yes No

Supervisor Name/Phone/Email: _____

Spouse's Employer Name (if applicable): _____

List names and ages of children/dependents in your home:

Have you or someone in your family applied to the Round-Up Foundation before: Yes No

If yes, when? _____ If you received funding, how much? _____

Total monthly household income from all sources (wages, child support, social security, unemployment, retirement pension, etc.) \$ _____

Total household expenses for the same monthly period: \$ _____

How did you hear about the Round-Up Foundation? _____

The information provided in this application is confidential and intended for the use of the Holy Cross Energy Round-Up Foundation, for the purpose of seeking funding. By signing, I confirm that all the information I have provided is true and accurate, and I understand that it will be used to make decisions about granting me any funds. If any circumstances change after I submit this application, I am obligated to promptly update the Foundation with the correct information. I authorize the Foundation's Board to validate the accuracy of the information provided in this application by making any necessary inquiries, including sharing the information with the references listed.

Signature of Applicant: _____

Date: _____