



**PEAR**  
Pioneer Electric Area Roundup

## Instructions for Completing Application

1. Please type application, if possible.
2. Complete financial statement provided in packet.
3. If you are requesting funds to buy a specific item, please include a cost estimate in addition to a detailed description of the item and prioritize in order of importance.
4. Funds will not be granted for general operating expenses or utilities.
5. Submit W-2's or 1099's for the last two (2) years.
6. Mail the completed application to:

Pioneer Electric Cooperative, Inc.  
Sheila Mason, PEAR Coordinator  
PO BOX 368  
Ulysses, KS 67880

After application has been received and reviewed by the PEAR Board of Directors, you may be contacted to appear before the Board to make a brief presentation.

# Application for Donation

(Individual / Family)

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_

2. Address: \_\_\_\_\_

Street or Post Office Box

\_\_\_\_\_

City

State

Zip Code

3. Telephone Number(s): \_\_\_\_\_

Home

Cell

Work

4. List other members of household, including children (if children, include age):

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5. Is applicant currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, please explain why: \_\_\_\_\_

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6. Please list other social service agencies you have contacted:

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7. Is individual or family receiving any other form of assistance or aid (donations, insurance, etc.)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list: \_\_\_\_\_

8. Has this individual ever received funding from PEAR?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

*If yes, please provide an itemized statement of how those funds were used and attach to this application.*

9. Please list, in order of priority, the use of funds. If possible, please list dollar amount needed and attach copies of bills, invoices or statements.

- 1) \_\_\_\_\_ \$ \_\_\_\_\_
- 2) \_\_\_\_\_ \$ \_\_\_\_\_
- 3) \_\_\_\_\_ \$ \_\_\_\_\_
- 4) \_\_\_\_\_ \$ \_\_\_\_\_
- 5) \_\_\_\_\_ \$ \_\_\_\_\_

10. Please list three business and/or personal references:

- 1) \_\_\_\_\_  
Name Phone  
\_\_\_\_\_  
Address Zip Code
- 2) \_\_\_\_\_  
Name Phone  
\_\_\_\_\_  
Address Zip Code
- 3) \_\_\_\_\_  
Name Phone  
\_\_\_\_\_  
Address Zip Code

*This information is for the purpose of obtaining funds from Pioneer Electric Area Roundup, Inc., on behalf of the undersigned. Each undersigned understands that information provided herein is used in deciding to disburse funds, and each undersigned represents and warrants that information provided is true and complete and that Pioneer Electric Area Roundup, Inc., may consider these statements as continuing to deem necessary to verify the accuracy of the statements made herein. Pioneer Electric Area Roundup, Inc., is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.*

*Pioneer Electric Area Roundup, Inc., Board of Directors makes donations from funds collected through Pioneer Electric's PEAR program. These funds are voluntary contributions from participating Pioneer Electric Cooperative, Inc., members and consumers.*

<p>Additional pages or documentation can be attached to application. Application should be mailed to:</p> <p>Pioneer Electric Cooperative, Inc. Sheila Mason, PEAR Coordinator PO BOX 368 Ulysses, KS 67880</p>	_____
	Name
	_____
	Address
	_____
	Date

Statement of Financial Condition as of \_\_\_\_\_ of \_\_\_\_\_  
 (Month) (Year)

**Assets**

**Amounts**

**Cash**

_____	\$ _____
Institution	
_____	\$ _____
Institution	
_____	\$ _____
Institution	

**Real Estate**

_____	\$ _____
Partial/Wholly Owned	County
	Market Value
_____	\$ _____
Partial/Wholly Owned	County
	Market Value
_____	\$ _____
Partial/Wholly Owned	County
	Market Value

**Other**

_____	\$ _____
Description	Value
_____	\$ _____
Description	Value
_____	\$ _____
Description	Value

**Total Assets**

**\$ \_\_\_\_\_**



Other debt (list type: taxes, outstanding bills, other). Add attachment if additional space is needed.

_____	\$ _____
Type	
_____	\$ _____
Type	
_____	\$ _____
Type	

**Total Liabilities** \$ \_\_\_\_\_

**Monthly Expenses**

**Amounts**

Housing: \_\_\_\_\_ Mortgage \_\_\_\_\_ Rent \$ \_\_\_\_\_

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

Utilities: Electric: \$ \_\_\_\_\_

Gas: \$ \_\_\_\_\_

Telephone: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

**Transportation/Automobile Payments** \$ \_\_\_\_\_

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

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

Gasoline: \$ \_\_\_\_\_

Insurance:

Automobile: \$ \_\_\_\_\_

Doctors: \$ \_\_\_\_\_

Hospital: \$ \_\_\_\_\_

House: \$ \_\_\_\_\_

Life: \$ \_\_\_\_\_

Medical: \$ \_\_\_\_\_

Medication: \$ \_\_\_\_\_

Charge Accounts:

(Specify)

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

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

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

Loans

(Specify)

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

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

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

Taxes

(Specify)

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

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

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

Other Expenses

(Specify)

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

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

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

**Total Monthly Expenses**

**\$ \_\_\_\_\_**



**Sources of Monthly Income**

**Amounts**

**Salary**

\_\_\_\_\_  
Employer's Name

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

\_\_\_\_\_  
Employer's Name

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

Bonus, Tips & Commission \_\_\_\_\_

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

Dividends & Interest \_\_\_\_\_

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

Real Estate Income \_\_\_\_\_

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

Farm Income \_\_\_\_\_

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

Other Income (Please State type: alimony, child support, etc.)

\_\_\_\_\_

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

\_\_\_\_\_

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

**Total Sources of Monthly Income**

**\$ \_\_\_\_\_**