

Operation Helping Others

**INDIVIDUAL APPLICATION**

Guernsey-Muskingum Electric Cooperative, Inc.  
17 S. Liberty Street, New Concord, Ohio 43762  
(740) 826-7661

**INCOMPLETE APPLICATIONS WILL BE RETURNED!**

District Representative: \_\_\_\_\_

**INDIVIDUAL IN NEED:**

GMEC Acct# \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

PURPOSE/REASON FOR WHICH YOU ARE APPLYING, LONG OR SHORT TERM CHALLENGE, BE AS SPECIFIC AS POSSIBLE:

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

HOW MANY PERSONS WILL BENEFIT FROM THIS PROJECT? \_\_\_\_\_

- A) AMOUNT APPLYING FOR: \$ \_\_\_\_\_ (\$2,500 annual limit)
- B) DATE FUNDING NEEDED BY: \_\_\_\_\_
- C) WILL PARTIAL FUNDING HELP? \_\_\_ YES \_\_\_ NO
- D) Are you receiving assistance from any other source? \_\_\_ YES \_\_\_ NO (If yes, explain.)  
\_\_\_\_\_

HAVE YOU EVER RECEIVED ASSISTANCE FROM OPERATION HELPING OTHERS? \_\_\_ YES \_\_\_ NO  
IF SO, WHAT AMOUNT DID YOU RECEIVE? \_\_\_\_\_

E) PLEASE SUMMARIZE HOW MONEY WILL BE SPENT. BE SPECIFIC AS POSSIBLE AND SUPPLY DOCUMENTATION (SEE F)

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

F) PLEASE ATTACH COPIES OF COST ESTIMATES OR BILLS FOR WHICH YOU ARE REQUESTING FUNDING.

YOUR NAME IF DIFFERENT THAN APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_