



## GUIDELINES FOR OPERATION ROUND UP

### **PLEASE READ BEFORE COMPLETING APPLICATION INCOMPLETE APPLICATIONS WILL BE DENIED**

#### **EDUCATION ASSISTANCE APPLICATION GUIDELINES**

1. To be eligible for assistance, an individual must be a member of a household **electrically** served by Snapping Shoals EMC. The household must be active electric members of Snapping Shoals EMC for at least 6 months to be eligible to apply for assistance, and not be in arrears to SSEMC when application is submitted.
2. Financial need will be the primary criterion. The adjusted gross income for the household can be no more than \$50,000 from the current or previous year.
3. Funds may be used at a Georgia accredited college, university, vocational-technical school or trade school. Applicant must provide a copy of the letter of acceptance.
4. There is no age limit. Applicants can be high school seniors, college students (undergraduates), vo-tech students or adults who want to go to school. No postgraduate or specialist degrees will be considered for educational assistance.
5. To qualify for assistance, the applicant must be accepted at the school he or she has chosen. To remain eligible, the applicant must maintain a minimum 3.0 GPA requirement (equivalent to a B average).
6. Funds must be used within one year of the date of approval. Applicants can reapply each year. Assistance is limited to four years.
7. Applications will be accepted from March 1 to May 15. Funds are limited.
8. Snapping Shoals EMC employees, directors and Trust Board members and relatives of the aforementioned are not eligible for Operation Round Up assistance, including educational assistance.
9. Please complete each section of the application and include a copy of your tax form, IRS Form 1099 and a copy of your W2 for yourself, spouse, and/or parents living within the household. (Do not include schedules or other tax attachments.)  
**If you qualify as a dependent of your parents, provide the required information concerning your parents and yourself. If you do not qualify as a dependent of your parents, please provide information for yourself and, if you are married, your spouse.**
10. Applicants are not allowed to attend Trust Board meetings.
11. **Applications will be returned if not complete.**

**Send your completed and signed application with ALL attachments to:**

Operation Round Up  
Snapping Shoals EMC  
P.O. Box 509  
Covington, GA 30015

**You may also drop off your application at either of our office locations between 8 a.m. and 5 p.m.**

14750 Brown Bridge Road  
Covington, GA 30016

or

190 Fairview Road  
Ellenwood, GA 30049



APPLICANT INFORMATION:

- 1. Are you a relative of an employee or director of Snapping Shoals EMC or Snapping Shoals Electric Trust?
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how? \_\_\_\_\_
2. Applicant's Name \_\_\_\_\_
Last First Middle
3. Address \_\_\_\_\_
4. (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_
5. County \_\_\_\_\_ Phone: \_\_\_\_\_
6. Snapping Shoals Acct # \_\_\_\_\_ Last four of SS# \_\_\_\_\_ Age \_\_\_\_\_
7. Employer: \_\_\_\_\_
Employer's address: \_\_\_\_\_
Employer's phone number: \_\_\_\_\_

If a dependent or married

- 8. Mother's Name: \_\_\_\_\_
Mother's address: \_\_\_\_\_
Mother's phone number: \_\_\_\_\_
Mother's Employer: \_\_\_\_\_
Mother's Employer's address: \_\_\_\_\_
9. Father's Name: \_\_\_\_\_
Father's address: \_\_\_\_\_
Father's phone number: \_\_\_\_\_
Father's Employer: \_\_\_\_\_
Father's Employer's address: \_\_\_\_\_
10. Spouse's Name: \_\_\_\_\_
Spouse's address: \_\_\_\_\_
Spouse's phone number: \_\_\_\_\_
Spouse's Employer: \_\_\_\_\_
Spouse's Employer's address: \_\_\_\_\_



11. Members of Household (continued)

Last Name	First	Middle	Age	Relationship	Income
a.					
b.					
c.					
d.					
e.					

REQUEST:

12. Enter Dollar Amount You are Requesting \$ \_\_\_\_\_

13. What are funds to be used for? (Be specific) \_\_\_\_\_

14. Have you received funds before from Operation Round Up Education Assistance?

Yes \_\_\_\_ No \_\_\_\_ If yes, state what years you received

15. Explain the circumstances that have prompted your need of assistance \_\_\_\_\_

16. Is applicant or family receiving any other form of assistance or aid for above stated request (scholarships, grants, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_

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

EDUCATION:

17. If you have a 3.0 GPA or greater, have you applied for the Hope Grant? \_\_\_\_\_

18. What college, technical, vocational or trade school do you plan to attend?

Institution Name	Address	City, State, Zip Code
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19. What degree or certificate do you plan to attain? \_\_\_\_\_

20. What is your projected date of completion? \_\_\_\_\_

21. Explain reason for selecting this school.

22. If high school or college student, please provide current transcript.



23. Statement of Financial Condition as of \_\_\_\_\_, 20\_\_\_\_\_.

24. **ASSETS** (owed by applicant and has value)                      **SELF**                      **SPOUSE**                      **PARENTS**

Cash

Banking Institution

Amount in Savings Account	\$ _____	\$ _____	\$ _____
Stocks and/or Bonds	\$ _____	\$ _____	\$ _____

Real Estate (House, Land, Rental Property)

_____	\$ _____	\$ _____	\$ _____
Home                      County	Market Value	Market Value	Market Value
_____	\$ _____	\$ _____	\$ _____
Home                      County	Market Value	Market Value	Market Value
_____	\$ _____	\$ _____	\$ _____
Home                      County	Market Value	Market Value	Market Value

Vehicles

_____	\$ _____	\$ _____	\$ _____
Year                      Model	Value	Value	Value
_____	\$ _____	\$ _____	\$ _____
Year                      Model	Value	Value	Value
_____	\$ _____	\$ _____	\$ _____
Year                      Model	Value	Value	Value

Any other personal property or assets

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

**TOTAL ASSETS**                      \$ \_\_\_\_\_                      \$ \_\_\_\_\_                      \$ \_\_\_\_\_



25. <b><u>LIABILITIES</u></b> (debt or financial obligation)	<b><u>SELF</u></b>	<b><u>SPOUSE</u></b>	<b><u>PARENTS</u></b>
<b>Notes Payable</b>			
_____	\$ _____	\$ _____	\$ _____
Lender's Name			
_____	\$ _____	\$ _____	\$ _____
Lender's Name			
<b>Mortgage</b>			
_____	\$ _____	\$ _____	\$ _____
Mortgagor's Name			
_____	\$ _____	\$ _____	\$ _____
Mortgagor's Address			
<b>Rent</b>			
_____	\$ _____	\$ _____	\$ _____
Landlord's Name			
_____	_____	_____	
Landlord's Address		Landlord's phone number	
<b>Other Debts (State Type: Taxes, Bills Outstanding, Credit Cards &amp; Other)</b>			
_____	\$ _____	\$ _____	\$ _____
Other Debts			
_____	\$ _____	\$ _____	\$ _____
Other Debts			
<b><u>TOTAL LIABILITIES</u></b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>



26. **MONTHLY EXPENSES** – Please enter your MONTHLY PAYMENTS and not the balances in the right column by the dollar sign

	<u>SELF</u>	<u>SPOUSE</u>	<u>PARENTS</u>
Housing			
Mortgage	\$ _____	\$ _____	\$ _____
Rent	\$ _____	\$ _____	\$ _____
Food	\$ _____	\$ _____	\$ _____
Utilities (Monthly payment only)			
Electricity	\$ _____	\$ _____	\$ _____
Gas	\$ _____	\$ _____	\$ _____
Telephone	\$ _____	\$ _____	\$ _____
Cell Phone	\$ _____	\$ _____	\$ _____
Water	\$ _____	\$ _____	\$ _____
Cable TV	\$ _____	\$ _____	\$ _____
Transportation			
Automobile Payments	\$ _____	\$ _____	\$ _____
Gasoline	\$ _____	\$ _____	\$ _____
Insurance			
Medical	\$ _____	\$ _____	\$ _____
Life	\$ _____	\$ _____	\$ _____
Automobile	\$ _____	\$ _____	\$ _____
Homeowner or Rent	\$ _____	\$ _____	\$ _____
Medical			
Doctors	\$ _____	\$ _____	\$ _____
Hospital	\$ _____	\$ _____	\$ _____
Medication	\$ _____	\$ _____	\$ _____
Charge Accounts (Specify)			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Loans (Specify)			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Taxes (Specify)			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Other Expenses (Specify)			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
<b><u>TOTAL MONTHLY EXPENSES</u></b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>



27. <u>SOURCES OF MONTHLY INCOME</u>	<u>SELF</u>	<u>SPOUSE</u>	<u>PARENTS</u>
Monthly Salary	\$ _____	\$ _____	\$ _____
Bonus, Tips, and Commissions	\$ _____	\$ _____	\$ _____
Dividends and Interest	\$ _____	\$ _____	\$ _____
Real Estate Income	\$ _____	\$ _____	\$ _____
Other:			
Other _____	\$ _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____	\$ _____
Retirement	\$ _____	\$ _____	\$ _____
Disability	\$ _____	\$ _____	\$ _____
Social Security	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____
Food Stamps	\$ _____	\$ _____	\$ _____
<b><u>TOTAL SOURCES OF MONTHLY INCOME</u></b>	\$ _____	\$ _____	\$ _____

28. List three references OTHER than relatives. (May not be a director or employee of Snapping Shoals Electric Cooperative or Snapping Shoals Electric Trust.) **MUST BE LOCAL TO THE SNAPPING SHOALS SERVICE AREA.**

a. \_\_\_\_\_

First and Last Name	Phone #	Relationship
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Address	City	State	Zip
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b. \_\_\_\_\_

First and Last Name	Phone #	Relationship
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Address	City	State	Zip
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c. \_\_\_\_\_

First and Last Name	Phone #	Relationship
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**Snapping Shoals Electric Trust, Inc.**

**EDUCATION ASSISTANCE APPLICATION**

The information contained in this statement is for the purpose of obtaining funding from the Snapping Shoals Electric Trust, Inc., on behalf of the undersigned applicant/recipient. Each of the 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 Snapping Shoals Electric Trust, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided by the undersigned. The Snapping Shoals Electric Trust, Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

In furnishing financial assistance, it is expressly understood that the Snapping Shoals Electric Trust, Inc., and its Board of Directors, neither singularly nor jointly accepts any liability for the product furnished or work performed as a result of the allocation of funds.

Each of the undersigned hereby agrees to indemnify and hold harmless the Snapping Shoals Electric Trust, Inc. its directors, officers, employees, and agents and Snapping Shoals Electric Membership Corporation, its directors, officers, employees, and agents (“Indemnitees”) from and against any and all claims, losses, damages, liabilities, suits, cost and expenses (including attorneys’ and experts’ fees and expenses) (herein referred to as a “Claim”) incurred by or asserted against any of the undersigned as a result of or in connection with (1) any investigation or inquiry into this application of any kind whatsoever made by Indemnitees including, without limitation, inquiry into the financial status of the undersigned or validity of the undersigned’s request, liabilities, assets, or anything related to the application whatsoever; and (2) any damages resulting from the product furnished or work performed as a result of the allocation of funds. The undersigned further acknowledges and covenants that, in consideration for the application and any assistance received by the undersigned from the Snapping Shoals Electric Trust, Inc., the undersigned has knowingly relinquished, waived and forever released any and all damages and remedies which might otherwise be available to the undersigned, including, without limitation, claims for breach or invasion of privacy, warranty claims, contract or tort damages of any type, claims for legal or equitable relief under either federal or state statutory and common law. The undersigned further acknowledges and covenants not to sue Indemnitees, or to participate or aid in any way in any suit or proceeding (except as required by law) against Indemnitees or to execute, seek to impose, collect or recover upon, or otherwise enforce or accept any judgement, decision, award, warrant or attachment upon nay claim released by the undersigned herein.

\_\_\_\_\_  
Signature of Applicant/Recipient

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date