

**Operation Helping Others**  
**APPLICATION for Individuals**

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

**DATE OF REQUEST:** \_\_\_\_\_

DISTRICT #: 1 2 3 4 5 6 7  
Circle One

DISTRICT REPRESENTATIVE: \_\_\_\_\_

**INDIVIDUAL IN NEED:** \_\_\_\_\_ GMEC Acct# (if member) \_\_\_\_\_

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

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

PURPOSE FOR WHICH YOU ARE APPLYING: \_\_\_\_\_

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.  
(i.e.-equipment, education, housing, health care, civic benefit, environment, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NAME OF PERSON RECOMMENDING PROJECT:** \_\_\_\_\_

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

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

**TAX I.D.#** (if applicable) \_\_\_\_\_