

# APPLICATION



Please complete the following application and return to the OK Community Credit Union office.  
Giving is limited to organizations in OK Community Credit Union's service area.

Please Print

NAME OF ORGANIZATION \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

IRS DESIGNATION \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

AMOUNT OF GRANT REQUESTED \_\_\_\_\_ CONTACT EMAIL \_\_\_\_\_

FIELD OF INTEREST:

EDUCATIONAL OPPORTUNITIES

FINANCIAL LITERACY

FOOD INSECURITIES

HEALTHY LIVING

HOUSING NEEDS

DESCRIPTION OF REQUEST (PLEASE INCLUDE DATE PROJECT WILL BEGIN AND BE COMPLETED.

ADDITIONAL PAGES MAY BE ATTACHED IF NEEDED.)

HAVE YOU PREVIOUSLY APPLIED TO OK COMMUNITY CARES FOR FUNDING?

YES NO

ARE YOU REQUESTING FUNDS FROM OTHER SOURCE(S)? YES NO

IF YES, PLEASE LIST FUNDING SOURCE(S) AND TELEPHONE NUMBER(S):

AMOUNT \_\_\_\_\_

PLEASE INDICATE A BRIEF BUDGET FOR THIS REQUEST (ADDITIONAL PAGES MAY BE ATTACHED IF NEEDED).

IF THIS REQUEST IS NOT FULLY FUNDED, WILL IT BE INITIATED? YES NO

By signing below, you affirm that the information presented on this application is accurate.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT TITLE OR AFFILIATION \_\_\_\_\_



**Completed applications can be:**

- Mailed to OK Community Cares, P.O. Box 1357, Stillwater, OK 74076
- Emailed to Hana Kimberling, Foundation Marketing Representative at hkimberling@okcommunitycu.com
- Faxed to 405.743.3350
- Delivered to OK Community Credit Union main office at 311 E. McElroy Rd., Stillwater, OK 74075

FOR OFFICE USE ONLY:

DATE RECEIVED: \_\_\_\_\_

APPLICATION APPROVED: YES NO

FUNDING AMOUNT SENT: \_\_\_\_\_

DATE FUNDING SENT: \_\_\_\_\_