2025 Trust Board Meeting Schedule

Month	Meeting Date	Applications Due
January	1/23/2025	12/20/2024
February	No Meeting	
March	3/6/2025	2/3/2025
April	4/24/2025	3/24/2025
May	No Meeting	
June	6/12/2025	5/12/2025
July	No Meeting	
August	8/21/2025	7/21/2025
September	No Meeting	
October	10/9/2025	9/8/2025
November	11/20/2025	10/20/2025
December	No Meeting	
January	1/22/2026	12/22/2025

ATTENTION

PLEASE DO NOT RETURN THIS APPLICATION BEFORE CALLING 803-749-6474

THE TRUST BOARD WILL MEET THE FOLLOWING MONTHS:
January, March, April, June, August, October, and November

The Trust Board will NOT meet the following months:
February, May, July, September or December

This Operation Round Up® application must be _received_ by Mid-Carolina Electric Cooperative **prior to each scheduled meeting month and completed in its entirety**. *Please visit our website at www.mcecoop.com for the most current Trust Board meeting schedule and application deadline dates.*

PLEASE INCLUDE COPIES OF THE FOLLOWING DOCUMENTS WHEN TURNING IN YOUR APPLICATION BY THE DEADLINE. ** Please note, applications will not be processed unless and until all documentation has been received.

- **current lease/rental agreement or mortgage statement**
- **current loan or credit card statements (to include vehicle and personal loans)**
- **current electric, phone/cell, water, sewer, sanitation, cable/internet statements**
- **current car, homeowner's and/or rental insurance statements**
- **current property tax statements (home and automobiles)**
- **current verification of illness and loss time from work/proof of disability**
- **current verification of income from employment, child support or family independence to include most recent 2 paystubs for all working income**
- **current household summary from Department of Social Services or Food Stamp/Snap approval letter**

Return completed applications by mail or by dropping off at one of our locations:

Mail to:	Drop Off:
Operation Round Up®	254 Longs Pond Road, Lexington 29072
Mid-Carolina Electric Cooperative	- or -
P O Box 669	7524 Broad River Road, Irmo 29063
Lexington SC 29071	

IMPORTANT

This is an application to request funds through Mid-Carolina Electric Cooperative's Operation Round Up® program. The Operation Round Up® program does not help individuals or families with electric bills.

Operation Round Up® serves the needs of those persons dealing with __catastrophic__ situations, which prevent them from functioning in society and sustaining basic needs. Catastrophic situations are defined as death of an immediate family member or major illness and/or an accident that prevents the applicant or immediate family member from working and contributing to the household income.

MID-CAROLINA ELECTRIC TRUST
OPERATION ROUND UP® APPLICATION
P.O. Box 669, Lexington, SC 29071 (803-749-6474)

IMPORTANT: The mission of Mid-Carolina Electric Trust is to serve the needs of those persons dealing with <u>catastrophic</u> situations which prevent them from functioning in society and sustaining basic needs. For the purpose of this application, catastrophic situations are defined as death of an immediate family member or major illness and/or an accident that prevents the applicant or immediate family member(s) from working and contributing to the household income. Verification of illness may be required from your physician.

1. Name: _____ _____
                     Last   First   Middle   Age

EMAIL ADDRESS_____

MCEC customer? _____Yes _____No   Name account is listed in: _____

2. Other Members of Household:

	Last Name	*First*	*Middle*	*Relationship*	*Age*
A.					
B.					
C.					
D.					
E.					

3. Address: _____
                 Street or Post Office Box   City   State   Zip

How Long? _____Previous: (if less than 2 yrs)._____

If address is a P O Box, please provide street address also: _____

4. Telephone Number: _____//_____
                             Home / Cell   Work

5. Please list the Name/Address of the place of employment and the Supervisor Name/Number of anyone employed in the household:

     1. _____

     2. _____

Is anyone in the household a Retired Military Veteran? _____

Please describe your catastrophic situation with dates and reason for your requested donation. If needed, you can attach an additional page.

_____

_____

_____

_____

_____

_____

_____

_____

Is individual or family receiving any form of assistance or aid at this time? Please provide documentation on all assistance being received.

Type of Assistance	Yes/No	Monthly Amount
Food Stamps		$
Family Independence		$
Section 8		$
ABC Vouchers		$
Child Support		$
Family Help		$
Medicaid		$
Medicare		$
Churches/Ministries		$
Food Banks		$
Other (please list other type)		
		$
		$

	ASSETS		*AMOUNT*

CASH

Banking Institutions		$

REAL ESTATE

Partially or Wholly Owned	**County**	$

SECURITIES

Description	**Identification No.**	$

OTHER RECEIVABLES

(State type: Personal, Property, Loan Receivable, Auto, Life Insurance (cash value), Other Assets. Include description, account number, etc.)

Type	$

TOTAL ASSETS: $_____

LIABILITIES   *BALANCE OWED*

NOTES PAYABLE *(Car & personal loans, credit cards)*

Lender's Name	$

MORTGAGES

Mortgagor's Name	$

OTHER DEBT *(medical, taxes, bills outstanding, student loans, other)*

Type	$

TOTAL LIABILITIES $_____

EXPENSES		MONTHLY
Housing – include current lease or mortgage statement.	Mortgage_____ Rent _____	$
Food - include Food Stamp award letter		$
Utilities – include copies of all applicable current bills.	Electricity	$
	Gas (SCE&G or propane tank)	$
	Telephone (home landline)	$
	Cell Phone	$
	Water	$
	Sewer	$
	Sanitation	$
Transportation–include copy of current bill. Vehicle Yr. Type(s)	Automobile Payments	$
Insurance-include copy of current bills	Medical	$
	Life	$
	Automobile	$
	Renters Insurance	$
Medical – please list medication on page 8 as requested	Doctors	$
	Hospital	$
	Medication	$
Credit Cards – include copy of current bill for each account		$
Loans (to include Title Loan or Payday Loan) - include copy of current bill for each loan		$
Taxes – include copy of tax bills for home and automobiles		$
Other - include copy of monthly bills for each	Cable	$
	Internet	$
	Vehicle Gas	$
Family expenses	Alimony	$
	Child Support	$
	Child Care	$

TOTAL MONTHLY EXPENSES $_____

SOURCES OF MONTHLY INCOME   AMOUNT

Salary/Tips _____ $_____
    Employer's Name (Provide recent pay records for the past month)

Spouse Income _____ $_____
    Employer's Name (Provide recent pay records for the past month)

Social Security Income _____ $_____
   (State type and include updated Award Letter for SSI, SSI/Disability, etc.)

Retirement Benefits or Pension Plan _____ $_____
     (Provide a statement / proof of benefits)

Short/Long Term Disability or Workers' Compensation_____ $_____
_____ (State type and include documentation)

Other: Please state type and include documentation for all that apply: (unemployment, alimony, child support, family independence, food stamps, and family help)

    _____ $_____
      Type
    _____ $_____
      Type
    _____ $_____
      Type

TOTAL SOURCES OF MONTHLY INCOME $_____

PLEASE LIST THREE REFERENCES.   **(May not be a director or employee of Mid-Carolina Electric Cooperative or the Mid-Carolina Electric Trust.)**

Name	Address City State Zip Code	Relationship	Telephone

Priority Assistance Information

Please complete the form below. If you are approved for assistance by the MCEC Trust Board, the following information will be used to issue check(s).

Applicant's Name: _____

Priority (rent, car, etc.)	Check To	Account or Loan #	Monthly Payment	Months Owed
1st Priority				
2nd Priority				
3rd Priority				

Please list below each medication you and your family are taking.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

16. _____

17. _____

18. _____

How many doctors are you currently seeing? _____

What is the total monthly cost for all of your medicines?_____

Would you like to know more about your medications?_____

Would you like to look for more ways to save money on your medications? _____

Have you received assistance from this program before? If so, when?

_____

The information contained in this statement is for the purpose of obtaining funding from the Mid-Carolina Trust on behalf of the undersigned. Each 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 Mid-Carolina Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Mid-Carolina Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein. Mid-Carolina Electric Trust may disclose information concerning this donation to the general public by listing it as a "private family or individual" donation.

_____
Signature of Applicant

_____
Signature of Spouse/Roommate

_____
Date

Referred by:

_____
Name   **Title**

_____
Business/Organization   **Telephone #**