

**SOUTHERN ILLINOIS ELECTRIC COOPERATIVE  
OPERATION ROUND UP  
2026 APPLICATION GUIDELINES  
INDIVIDUAL AND/OR FAMILY**

The role of the Southern Illinois Electric Cooperative’s Operation Round Up Committee is to make the best use of the funds entrusted to us to support activities and needs within the counties served by Southern Illinois Electric Cooperative and to be sure that whatever gifts we make are handled wisely.

Because we want to be helpful to as many organizations and individuals as possible, we encourage you to seek funding from more than just Southern Illinois Electric Cooperative’s Operation Round Up program. We will not penalize you for doing that.

Once the request is received, that request will go to the Operation Round Up Committee. The committee is free to support or deny any request. Once the committee has approved a request, a check will be written.

The Southern Illinois Electric Cooperative Operation Round Up granting periods are as follows:

<b>First Quarter</b>		<b>Second Quarter</b>	
March 1	Applications available	June 1	Applications available
April 2	Deadline for applications	July 2	Deadline for applications
April 15	Committee Review	July 15	Committee Review
<b>Third Quarter</b>		<b>Fourth Quarter</b>	
September 1	Applications available	December 1	Applications available
October 1	Deadline for applications	January 7, 2027	Deadline for applications
October 21	Committee Review	January 20, 2027	Committee Review

In submitting application for consideration of funds, the following procedures must be followed:

- Application must be submitted to the Southern Illinois Electric Cooperative’s office in a sealed envelope marked “Confidential – Southern Illinois Electric Cooperative Operation Round Up.”
- A contact person must be indicated should there be questions regarding the request.

Questions regarding the application or process can be directed to Julie Wilke at the Southern Illinois Electric Cooperative office between 8:00 a.m. and 4:00 p.m. Monday - Friday. Our phone number is:  
(618) 827-3555, e-mail address: [jwilke@siec.org](mailto:jwilke@siec.org).

**If not selected, candidates must re-apply each quarter for consideration.**

# SOUTHERN ILLINOIS ELECTRIC COOPERATIVE OPERATION ROUND UP

PO Box 100 · Dongola, IL 62926  
(618) 827-3555 · Fax (618) 827-3585

[www.siec.com](http://www.siec.com)

## 2026 APPLICATION FOR DONATION INDIVIDUAL AND/OR FAMILY

Name \_\_\_\_\_

Other Members of Household:

Last Name	First	Middle	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Address \_\_\_\_\_  
Street or Post Office Box

City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ EXT \_\_\_\_\_  
Home Work

Email \_\_\_\_\_

Employers of those listed above:

\_\_\_\_\_  
Name Company/Individual

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name Company/Individual

\_\_\_\_\_  
Address

Southern Illinois Electric Cooperative Operation Round Up Individual and/or Family Application  
Continued

Name	Company/Individual
	Address
Name	Company/Individual
	Address
Name	Company/Individual
	Address
Name	Company/Individual

Reason for Request for Donation \_\_\_\_\_

Amount of Donation Requested \$ \_\_\_\_\_

**Name to be used on Operation Round Up check** \_\_\_\_\_

Specific Use of Funds: \_\_\_\_\_

\_\_\_\_\_

Is individual or family receiving any other form of assistance or aid for the above stated request  
(donation, insurance, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Southern Illinois Electric Cooperative Operation Round Up Individual and/or Family Application  
Continued

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

**ASSETS**

**AMOUNTS**

**Cash**

	Institution	Account No.	\$ _____
	Institution	Account No.	\$ _____
	Institution	Account No.	\$ _____

**Real Estate**

	Partial/Wholly Owned	County	\$ _____ Market Value
	Partial/Wholly Owned	County	\$ _____ Market Value

**Other**

	Description	I.D. No.	\$ _____ Value
	Description	I.D. No.	\$ _____ Value
	Description	I.D. No.	\$ _____ Value

TOTAL ASSETS

\$ \_\_\_\_\_

**LIABILITIES**

**AMOUNTS**

**Loans**

	Lender's Name	\$ _____
	Lender's Name	\$ _____
	Lender's Name	\$ _____
	Lender's Name	\$ _____

Southern Illinois Electric Cooperative Operation Round Up Individual and/or Family Application  
Continued

**Mortgage** \_\_\_\_\_ \$ \_\_\_\_\_  
Mortgagor's Name

\_\_\_\_\_ \$ \_\_\_\_\_  
Mortgagor's Name

**Other Debt** \_\_\_\_\_ \$ \_\_\_\_\_  
Type

\_\_\_\_\_ \$ \_\_\_\_\_  
Type

\_\_\_\_\_ \$ \_\_\_\_\_  
Type

**TOTAL LIABILITIES** \$ \_\_\_\_\_

**MONTHLY EXPENSES**

**AMOUNTS**

**Housing** Mortgage \_\_\_\_\_ Rent \_\_\_\_\_ \$ \_\_\_\_\_

Food \$ \_\_\_\_\_

Utilities Electricity \$ \_\_\_\_\_

Gas \$ \_\_\_\_\_

Telephone \$ \_\_\_\_\_

**Transportation** Automobile Payment # 1 Vehicle \$ \_\_\_\_\_

Automobile Payment # 2 Vehicle \$ \_\_\_\_\_

Gasoline \$ \_\_\_\_\_

Repairs \$ \_\_\_\_\_

**Insurance** Medical \$ \_\_\_\_\_

Life \$ \_\_\_\_\_

Automobile \$ \_\_\_\_\_

**Medical** Doctors \$ \_\_\_\_\_

Hospital \$ \_\_\_\_\_

Medication \$ \_\_\_\_\_

**Charge Accounts** \_\_\_\_\_ \$ \_\_\_\_\_

Type of Card

\_\_\_\_\_ \$ \_\_\_\_\_

Type of Card

\_\_\_\_\_ \$ \_\_\_\_\_

Type of Card

\_\_\_\_\_ \$ \_\_\_\_\_

Southern Illinois Electric Cooperative Operation Round Up Individual and/or Family Application  
Continued

<b>Loans</b>	_____	\$ _____
	Lender	
	_____	\$ _____
	Lender	
	_____	\$ _____
	Lender	
	_____	\$ _____
	Lender	
<b>Taxes (Specify)</b>	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
<b>Other Expenses (Specify)</b>	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
<b>TOTAL MONTHLY EXPENSES</b>		\$ _____

**SOURCES OF MONTHLY INCOME**

		<b><u>Amounts</u></b>
<b>Salary</b>	_____	\$ _____
	Employer's Name	
	_____	\$ _____
	Employer's Name	
	_____	\$ _____
	Employer's Name	
<b>Bonus, Tips &amp; Commissions</b>	_____	\$ _____
<b>Dividends &amp; Interest</b>	_____	\$ _____
	_____	\$ _____
<b>Real Estate Income</b>	_____	\$ _____
	_____	\$ _____
<b>Farm Income</b>	_____	\$ _____
	_____	\$ _____

Southern Illinois Electric Cooperative Operation Round Up Individual and/or Family Application  
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**Other Income (Please state type: alimony, child support, social security, disability, etc.):**

_____	\$ _____
Type	
_____	\$ _____
Type	
_____	\$ _____
Type	
_____	\$ _____
Type	

TOTAL SOURCES OF MONTHLY INCOME \$ \_\_\_\_\_

Please list three (3) references (may not be an employee or director of Southern Illinois Electric Cooperative or a member of the Southern Illinois Electric Cooperative Operation Round Up Committee):

_____		_____	
Name		Phone	
_____		_____	
Address	City/Town	State	Zip
_____		_____	
Name		Phone	
_____		_____	
Address	City/Town	State	Zip
_____		_____	
Name		Phone	
_____		_____	
Address	City/Town	State	Zip

*The information contained in this statement is for the purpose of obtaining funding from the Southern Illinois Electric Cooperative Operation Round Up program 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 Southern Illinois Electric Cooperative Operation Round Up Committee may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Southern Illinois Electric Cooperative Operation Round Up Committee is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.*

*I understand in applying for funding that, if granted, it will be used for the sole purpose as stated in this application.*

*Further, I understand that if funding is received, I grant permission for its publication in the JAMUP section of the Illinois Country Living monthly publication as well as any other publication Southern Illinois Electric Cooperative deems appropriate.*

Signature of Applicant/Recipient \_\_\_\_\_ Signature of Spouse (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

For Committee Use Only: Approved Date \_\_\_\_\_ Amount Approved \_\_\_\_\_ Declined \_\_\_\_\_ Date \_\_\_\_\_