ΩOMEGA
FEDERAL CREDIT UNION

GIVING FUND APPLICATION

OMEGA FCU and their employees have an opportunity to raise money for a worthwhile cause. OMEGA FCU encourages volunteerism, community spirit, and goodwill towards our members, their families and Business Partner Groups in need.

If you are nominating another individual or family, please provide the following information:

Name:_____   Phone/Email:_____

Would you like your nomination to remain confidential? Yes:_____ No, you may share my name:_____

Name of Nominee/Business Partner: _____

Mailing Address:_____

Phone Number:_____   Contact Email:_____

Date of Birth/Founded:_____   Business Partner/Member of OMEGA?: _____

Additional Family Member Information and Ages:_____

_____

Birthdates and SS #'s if available, if not they will be collected with the final documentation.

Please include a brief description of the medical/hardship information or the charity. Please explain how the prospective beneficiary/charity might benefit through assistance from the "fund". Please use additional attachments as necessary:

_____

_____

_____

_____

_____

_____

Please describe how the funds would be used:

_____
_____
_____
_____
_____

Is the nominee currently receiving any form of public assistance? If yes please explain:

_____
_____
_____
_____
_____

Has the nominee received financial assistance from any other group, organization, or fundraising event? If yes please explain:

_____
_____
_____
_____
_____

I, _____(print name), verify that the above information is true and accurate.

Self-Nomination: By signing this application I give OMEGA FCU authorization to verify my credit report, criminal history, and financial status through documents which may include, but are not limited to: W2's, tax returns, medical records, pay stubs, bank statements, utility bills etc.

By signing this application I understand the OMEGA FCU "giving fund" is a private fund used by OMEGA FCU to provide financial assistance to members, their families, and other Business Partners of OMEGA FCU. If and when OMEGA FCU needs additional information pertaining to this application the nominee will be contacted.

Finally, I understand that filing this application does not guarantee assistance from the OMEGA FCU giving fund.

Signature:_____ Date:_____