

2026 Trust Board Meeting Schedule

<u>Month</u>	<u>Meeting Date</u>	<u>Applications Due</u>
January	1/29/2026	12/29/2025
February	No Meeting	
March	3/19/2026	2/20/2026
April	4/23/2026	3/20/2026
May	5/28/2026	4/30/2026
June	6/25/2026	5/22/2026
July	No Meeting	
August	8/20/2026	7/17/2026
September	9/17/2026	8/21/2026
October	10/15/2026	9/18/2026
November	11/19/2026	10/16/2026
December	No Meeting	
January	1/28/2027	12/28/2026

ATTENTION

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

THE TRUST BOARD WILL MEET THE FOLLOWING MONTHS:

January, March, April, May, June, August, September, October, and November

The Trust Board will NOT meet in the following months:

February, July, 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, SSI/SSI Disability, pension, child support or family independence to include most recent 2 months 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:

Operation Round Up®
Mid-Carolina Electric Cooperative
P O Box 669
Lexington SC 29071
Fax: 803-749-5777

Drop Off:

Mid-Carolina Electric Cooperative
254 Longs Pond Road, Lexington 29072
-or-
7524 Broad River Road, Irmo 29063
Fax: 803-749-5777

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 catastrophic 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.

Name:

Last	First	Middle	Age

Email Address: _____

Are you an MCEC member? _____ Yes _____ No Name account is listed under? _____

Other Members of Household:

Last Name	First	Middle	Relationship	Age

Address: _____

Street or PO Box	City	State	Zip
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How Long? _____ Previous address: (if less than 2 yrs) _____

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

Phone Number	Home/Cell Phone	Work
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Please list the Name/Address of the place of employment and the Supervisor Name/ Phone Number of anyone employed in the household:

Is anyone in the household a Retired Military Veteran?

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

Please describe your catastrophic situation with dates and reason for your requested donation.

Are you or anyone listed on page 1 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 Voucher		\$
Child Care Voucher		\$
Child Support		\$
Family Help		\$
Medicaid		\$
Medicare		\$
Churches/Ministries		\$
Food Banks		\$
Other (please list other type):		\$
Other (please list other type):		\$

PLEASE PROVIDE ALL PAY RECORDS/AWARD LETTERS/STATEMENTS STATED BELOW.

MONTHLY INCOME

AMOUNT

Salary/Hourly/Tips (Please provide recent pay records for the past 2 months)	
Employer's Name:	\$
Spouse or Other Adult(s) living in the household (Please provide recent pay records for the past 2 months)	
Employer's Name:	\$
Employer's Name:	\$
Social Security (SSI or SSI/Disability)	
Name of beneficiary/Type:	\$
Name of beneficiary/Type:	\$
Unemployment	
Name of beneficiary/Type:	\$
Retirement Benefits, Pension Plan, or VA Disability	
Name of beneficiary/Type:	\$
Short/Long Term Disability, or Worker's Compensation	
Name of beneficiary/Type:	\$

Other Monthly Income <i>Alimony, Child Support, Family Independence, Food Stamps, Personal Family Help, etc.</i>	
Type	Amount
	\$
	\$
	\$
	\$

TOTAL MONTHLY INCOME: \$ _____

MONTHLY EXPENSES - INCLUDE COPIES OF CURRENT BILL STATEMENTS AND RENTAL LEASE

Housing	Mortgage _____ Rent _____	\$
	Section 8: \$	
Food	Out-of-Pocket	\$
	Food Stamps	\$
Utilities	Electricity	\$
	Gas (Dominion or Propane)	\$
	Telephone (landline)	\$
	Cell Phone	\$
	Water	\$
	Sewer	\$
	Sanitation (trash)	\$
Transportation: Include Vehicle Year/Make/Model	Vehicle 1:	\$
	Vehicle 2:	\$
Insurance	Medical	\$
	Life	\$
	Automobile	\$
	Renter's Insurance	\$
Out-of-Pocket Medical Please list all medications on page 7	Doctors	\$
	Medication	\$
Credit Cards		\$
		\$
		\$
Loans (Personal, Title, or Payday Loan)		\$
		\$
		\$
Taxes	Home	\$
	Auto	\$
Other Expenses	Cable	\$
	Internet/TV Streaming (i.e.: Netflix)	\$
	Vehicle Gas	\$

TOTAL MONTHLY EXPENSES: \$ _____

PRIORITY ASSISTANCE INFORMATION

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

This program can help with Mortgage, Rent, Auto Payment, Auto Insurance, Water, Sewer, and Trash

Priority	Payable To	Account Number	Monthly Payment	Months Owed
1			\$	
2			\$	
3			\$	
4			\$	
5			\$	

ASSETS

Cash		
Banking Institutions	Balance	
	\$	
	\$	
	\$	
Real Estate		
Wholly Owned	County	Value
		\$
		\$
		\$
Securities		
Description	Identification Number	Value
		\$
		\$

Other Receivables		
<i>State type: Personal, Property, Loan Receivable, Auto, Life Insurance (whole life cash value), Other Assets.</i>		
Type	Account Number	Value
		\$
		\$
		\$
		\$
		\$

TOTAL ASSETS: \$ _____

LIABILITIES

Mortgage(s)	
Lender's Name	Balance
	\$
	\$
	\$
Notes Payable <i>(Car Loans, Personal Loans, Title Loans, & Credit Cards)</i>	
Lender's Name	Balance
	\$
	\$
	\$
	\$
	\$
	\$
Other Debt <i>(Medical Bills, Taxes Owed, Outstanding Bills, Student Loans, Other)</i>	
Lender's Name/Type of Debt	Balance
	\$
	\$
	\$
	\$
	\$
	\$
	\$

TOTAL LIABILITIES: \$ _____

How many doctors are you currently seeing for medical care? (Please specify the doctor's specialties (e.g., general practitioner, cardiologist, pulmonologist, neurologist, mental health professional).

Do you have any family members, living in your household, who are currently receiving medical care from a doctor? Please specify the family member's relation to you (e.g., parent, sibling, child) and the doctor's specialty (e.g., pediatrician, cardiologist, pulmonologist, mental health professional).

Are you currently looking for ways to save money on your medications? If yes, what strategies have you considered or used in the past? (e.g., generic alternatives, discount programs)

Medication List Please list each medication you and your family are currently taking.		
Prescribed to (name)	Name of Medication	Out-of-Pocket Cost
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$
8.		\$
10.		\$
11.		\$
12.		\$
13.		\$
14.		\$

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 Number

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

Name	Address	Telephone #	Relationship