



APPLICATION FOR EASTERN STAR ASSISTANCE
BENEVOLENCE FUND

Applicant is eligible to apply for assistance once in each (12) month period.

Name _____
Address _____ Date of Birth _____
City _____ Phone: _____
County _____ Cell Phone _____
State _____ Zip Code _____ Are you a member of the Order ___ Yes ___ No
Chapter Name _____ No. _____ District _____
Do you have dependent(s) ___ Yes ___ No If yes please specify _____
Spouse ___ Yes Minor Children _____ ___ Yes
Do they contribute to the Household Income or the Expenses ___ Yes ___ No

TOTAL HOUSEHOLD MONTHLY NET INCOME _____ (Including the contribution)
TOTAL HOUSEHOLD MONTHLY EXPENSE _____ (Including the contribution)

Signature of Applicant _____

CONSENT FOR REQUESTING AND OBTAINING HEALTH AND FINANCIAL INFORMATION

****Person giving consent please print**

Name _____ Mailing Address _____
City _____ State _____ Zip Code _____
Telephone Home _____ Cell _____
Date of Birth _____ Social Security No. _____
Signature of Applicant _____

Updated October 30, 2017

TO BE COMPLETED BY THE INVESTIGATING COMMITTEE:

SPONSORING CHAPTER – Name and Number _____

Who completed this Application Form? _____

Did Applicant sign this Form? ____Yes ____No

Did the committee visit in the home? ____Yes ____No (If not in home where?) _____

What has the Chapter done to assist the applicant? _____

Has applicant applied to any other organization or governmental agency for assistance?
____Yes ____No (If yes give name and result of the application)

(Attach a letter giving other pertinent information that you deem appropriate to this application)

We the members of Investigating Committee recommend approval ____Yes ____No

_____ Name	_____ Phone No.
_____ Name	_____ Phone No.
_____ Name	_____ Phone No.

(Seal)

Secretary of Chapter _____ **GC ID No.** _____

Address _____ **City** _____

State _____ **Zip Code** _____ **Phone** _____ **Cell** _____

FOR USE BY THE GRAND CHAPTER BENEVOLENCE COMMITTEE

DATE RECEIVED BY CHAIRMAN _____

AMOUNT APPROVED \$ _____ **CHAIRMAN** _____

DATE RECEIVED BY TWO YEAR MEMBER _____

APPROVED (DISAPPROVED) BY TWO YEAR MEMBER _____

DATE RECEIVED BY THREE YEAR MEMBER _____

APPROVED (DISAPPROVED) BY THREE YEAR MEMBER _____