

NUMBER: _____ **APPLICATION for ASSISTANCE**

DATE: _____

To the Welfare Fund Committee, Grand Chapter of Missouri, Order of the Eastern Star
We request assistance for the member named below. The following statements are true to the best of our knowledge.
(please fill in the application in its entirety – **may be typed or use blue/black ink**)

NAME of APPLICANT: _____ DATE of BIRTH: _____

ADDRESS of APPLICANT: _____

CITY: _____ STATE: _____ ZIP: _____

CHAPTER: _____ NUMBER: _____ LOCATED AT: _____

YEARS of MEMBERSHIP AT THIS CHAPTER? _____ YEARS of MEMBERSHIP IN THE ORDER? _____

MASONIC RELATIONSHIP: _____ NAME OF MASON: _____

LODGE: _____ NUMBER: _____ LOCATED AT: _____

NAME(s) & ADDRESS(es) OF RELATIVES NEAR YOU & THEIR RELATIONSHIP

WHAT EXTENT CAN or WILL THEY ASSIST? _____

WHAT HELP DOES or CAN the CHAPTER GIVE? _____

NAME & LOCATION of OTHER FRATERNAL ORGANIZATIONS DOES the APPLICANT BELONG – CAN or WILL THEY ASSIST?

DOES THE APPLICANT RECEIVE or ELIGIBLE for SOCIAL SECURITY or OTHER PUBLIC ASSISTANCE? _____

SOCIAL SECURITY AMT: _____ PUBLIC ASSISTANCE AMT: _____

AID FROM OTHER ORGANIZATIONS (please list): _____

HISTORY of CASE – REASON for APPEAL (give in detail)

REAL ESTATE & PERSONAL PROPERTY (please list value thereof)

AMOUNT of ASSISTANCE RECOMMENDED in this CASE & HOW LONG WILL AID BE NEEDED

MONTHLY \$\$ _____

LUMP SUMP \$\$ _____

_____ Applicant (signature) _____ Worthy Matron (signature)

_____ Applicant (phone - best) _____ Worthy Matron (phone - best)

_____ Applicant (email) _____ Worthy Matron (email)

_____ Assoc Matron (signature)

{chapter seal} _____ Assoc Matron (phone - best)

_____ Assoc Matron (email)

ADDRESS APPLICATION TO: _____ Secretary (signature)

OES ASSISTANCE
PO BOX 114 _____ Secretary (phone - best)

ASHLAND MO 65010-0114 _____ Secretary (email)