



APPLICATION for ASSISTANCE

(Please fill out the application in its entirety – may be typed or use blue/black ink)

DATE OF APPLICATION

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.

NAME of APPLICANT: _____	DATE of BIRTH: _____
ADDRESS of APPLICANT: _____	
CITY: _____	STATE: _____ ZIP: _____
HOME PHONE: _____	CELL PHONE: _____ EMAIL: _____
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: _____

WHAT ASSISTANCE is the CHAPTER ABLE to GIVE?

NAME & LOCATION of OTHER FRATERNAL ORGANIZATIONS TO WHICH the APPLICANT BELONG(s) – CAN or WILL THEY ASSIST?

1. _____

2. _____

DOES THE APPLICANT RECEIVE or is ELIGIBLE for SOCIAL SECURITY or OTHER PUBLIC ASSISTANCE? YES NO

SOCIAL SECURITY AMT: PUBLIC ASSISTANCE AMT:

AID FROM OTHER ORGANIZATIONS (please list):

HISTORY OF CASE – REASON FOR REQUEST

(Please include all bills, invoices and/or estimates that may assist the Committee in determining the request)

REAL ESTATE & PERSONAL PROPERTY (please list value)

AMOUNT OF ASSISTANCE REQUESTED

\$

Applicant Signature: _____

_____ Worthy Matron (signature)

_____ Secretary (signature)

_____ Worthy Matron (phone - best)

_____ Secretary (phone - best)

_____ Worthy Matron (email)

_____ Secretary (email)

MAIL COMPLETED APPLICATION TO:

OES ASSISTANCE

305 COLLINS CT

ASHLAND MO 65010-9818

{CHAPTER SEAL}

FOR COMMITTEE USE ONLY

DATE RECV: _____

APP NUMBER: _____

CASE NOTES:

APPROVAL DATE: _____

AMT RECEIVED: \$ _____

DENIAL DATE: _____

REASON FOR DENIAL: