



APPLICATION FOR ASSISTANCE FROM THE BENEVOLENT AID FUND  
**RETURN ALL APPLICATIONS TO THE BENEVOLENT AID CHAIRMAN, BOARD OF DIRECTORS**

**Please complete the following request for assistance. Funds granted will be based on need and availability of funds. All questions must be answered with a yes, no, or N/A (non-applicable) answer followed by complete explanations. Check the Box for the Assistance in which you are applying.**

<input type="checkbox"/> <b>EMERGENCY AID ASSISTANCE</b> Assistance for those members who have suffered a sudden tragic loss (i.e. fire, flood, sudden death of a spouse) and need immediate relief. This type of Aid can be up to \$1,500.00 for a one-time payment.	<input type="checkbox"/> <b>TEMPORARY AID ASSISTANCE</b> Assistance for general and/or emergency situations. This type of Aid can be up to \$500.00 for a period of three months.
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**SECTION 1: REQUEST FOR ASSISTANCE**

Name of person making the request for assistance: \_\_\_\_\_  
*Worthy Matron/Secretary*

Chapter Name: \_\_\_\_\_ Chapter No. \_\_\_\_\_

Address: \_\_\_\_\_

Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

**SECTION 2: RECIPIENT OF FUNDS**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Chapter Name: \_\_\_\_\_ Chapter No. \_\_\_\_\_

Plural Chapter Name: \_\_\_\_\_ Chapter No. \_\_\_\_\_

Plural Chapter Name: \_\_\_\_\_ Chapter No. \_\_\_\_\_

Date Joined Eastern Star: \_\_\_\_\_ Is Membership Continuous?  Yes  No

If not, explain: \_\_\_\_\_

\_\_\_\_\_

Current Dues Paid by: \_\_\_\_\_

\_\_\_\_\_



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**SECTION 3: REQUESTED FUNDS**

**SELECT ONE:**

Emergency Aid Amount Requested (*Not to exceed \$1,500.00*) \$ \_\_\_\_\_ .00

Temporary Aid Amount Requested (*Not to exceed \$500.00 per month for 3 months*) \$ \_\_\_\_\_ .00

Reason for assistance (*Please be specific in your reason*): \_\_\_\_\_

\_\_\_\_\_

What other sources have been sought for aid? \_\_\_\_\_

\_\_\_\_\_

What has the member's chapter (*Parent and/or Plural*) done to assist the member?

\_\_\_\_\_

Does the member's Chapter have funds that could be used to assist this member?  Yes  No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

If the Member applying is a Master Mason, attach a copy of current dues card, and give name and location of your Lodge: \_\_\_\_\_

Describe the assistance given by the Lodge or Grand Lodge: \_\_\_\_\_

\_\_\_\_\_

Have you ever applied for Financial assistance?  Yes  No

If so, where? \_\_\_\_\_

\_\_\_\_\_

Have you been denied assistance?  Yes  No

If yes, explain why: \_\_\_\_\_

\_\_\_\_\_

**SECTION 4: INCOME AND EXPENSES**

1. Have you (*including spouse or other family members*) previously petitioned Grand Chapter for assistance?

Yes  No If yes, please provide details to include when, reason, amount, and outcome:

\_\_\_\_\_

\_\_\_\_\_

2. Have you (*including spouse or other family members*) previously petitioned your Chapter or any other Chapter for assistance?  Yes  No If yes, please provide details to include when, reason, amount, and outcome:

\_\_\_\_\_

\_\_\_\_\_



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3. Does the member's family have funds that could be used to assist this member?  Yes  No  
 If no, please explain: \_\_\_\_\_
4. Have you (or your immediate family members) applied for Local, State or Federal aid?  Yes  No  
 If yes, please provide details to include when, reason, amount, and outcome: \_\_\_\_\_  
 \_\_\_\_\_
5. Please list assistance that you (including spouse or other family members) have received within the past 12 months or projected to receive within the next 3 months from any Local, State or Federal program:  
 Type: \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Type: \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Type: \_\_\_\_\_ Amount \$ \_\_\_\_\_
- Are you still receiving this assistance?  Yes  No If no Local, State or Federal aid is being received, is an application pending or been denied?  Yes  No Please explain: \_\_\_\_\_  
 \_\_\_\_\_

6. Please list all Monthly Income (including spouse or other family members). If there are minor children, list any type of benefits they may receive. (Attach additional page, if needed)

Source	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

If salary is listed, are you working?  Yes  No Type of work \_\_\_\_\_

7. Are you currently applying for disability?  Yes  No Have you been denied Disability by the Government?  Yes  No Explain \_\_\_\_\_  
 \_\_\_\_\_

If unemployed, previous employment: \_\_\_\_\_

Why are you unemployed? \_\_\_\_\_

8. List all Savings Accounts, 401K accounts, Bonds, Stocks or other resources (Attach additional page, if needed) \_\_\_\_\_  
 \_\_\_\_\_

9. List type of insurance policies:  
 (Health) \_\_\_\_\_ (Life) \_\_\_\_\_  
 (Other) \_\_\_\_\_ (Other) \_\_\_\_\_

Do the policies have a loan value that could be used to assist member?  Yes  No



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10. List value of all Property Holdings including Home:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL MONTHLY INCOME:</b>	<b>\$ _____</b>

11. List Monthly Expenses:

House payment  Rent  Own \$ \_\_\_\_\_

Nursing Home Monthly Payments \$ \_\_\_\_\_

Has assistance been sought? Please explain. *(Attach extra page, if needed)*

\_\_\_\_\_

Electricity (Attach copy of latest bill) \$ \_\_\_\_\_

Gas/Heating (Attach copy of latest bill) \$ \_\_\_\_\_

Water (Attach copy of latest bill) \$ \_\_\_\_\_

Telephone (Attach copy of latest bill) \$ \_\_\_\_\_

Internet/Streaming Services \$ \_\_\_\_\_

Medicine (AFTER INSURANCE) \$ \_\_\_\_\_

If any medical expenses are not covered by Insurance? Please explain. *(Attach additional page, if needed)*

\_\_\_\_\_

Medical Expense - Doctors, Hospital, etc. (AFTER INSURANCE) \$ \_\_\_\_\_

What relief or arrangements have you made or attempted to make to take care of the medical obligations?  
*(Attach extra page, if needed)* \_\_\_\_\_

\_\_\_\_\_

Vehicle Payment(s) \$ \_\_\_\_\_

Vehicle Insurance \$ \_\_\_\_\_

Other Vehicle Expense \_\_\_\_\_ \$ \_\_\_\_\_

Groceries \$ \_\_\_\_\_

Other: *(Indicate type of expense)* \_\_\_\_\_ \$ \_\_\_\_\_

Other: *(Indicate type of expense)* \_\_\_\_\_ \$ \_\_\_\_\_

Credit Cards, etc. (List Type of Cards) \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL EXPENSES** \$ \_\_\_\_\_



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Comments (Attach additional page, if needed): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION BY MEMBER APPLYING FOR AID:**

I certify that the foregoing answers are true to the best of my knowledge.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT** Date \_\_\_\_\_

**BEVERLY PLANTE**  
BOARD OF DIRECTORS, DISTRICT 3  
BOX 1064, WEATHERFORD, TX 76086  
[BEVERLY.PLANTE@YAHOO.COM](mailto:BEVERLY.PLANTE@YAHOO.COM) ~ 817-896-8278 (MOBILE)

**FOR BOARD OF DIRECTORS USE**

Name of Petitioner for Benevolent Aid: \_\_\_\_\_  
Chapter Name/Number: \_\_\_\_\_  
Date Received: \_\_\_\_\_  
Action Taken: \_\_\_\_\_  
Date: \_\_\_\_\_ Signed: \_\_\_\_\_