



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.

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: _____

Are Current Dues Paid by Chapter(s)? ☐ Yes ☐ No

If long term aid is granted, the Chapter MUST remit dues of the member.

Has your Chapter(s) ever remitted or paid dues for this member? ☐ Yes ☐ No If so, give amount and for what years: _____

Is this member currently an officer in the Chapter(s) to which they belong? ☐ Yes ☐ No

If yes, list Chapter(s) and Office(s)? _____



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Has applicant previously applied for benevolent aid? ☐ Yes ☐ No

If so, when and with what results? _____

SECTION 3: REQUESTED FUNDS

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:

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
TOTAL MONTHLY INCOME: \$ _____

11. List Monthly Expenses:

House payment ☐ Rent ☐ Own \$ _____
If Owned, amount of outstanding principal on the loan/mortgage \$ _____
Years Remaining _____
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) _____

Do you own a vehicle/vehicles? ☐ Rent ☐ Own

Year/Make/Model(s) _____

If paid for, what is the value(s)? \$ _____

If not paid for, what are the vehicle monthly payment(s)? \$ _____

What is the remaining balance? \$ _____

Vehicle Insurance \$ _____

Other Vehicle Expense _____ \$ _____



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Groceries \$ _____
Other: *(Indicate type of expense)* _____ \$ _____
Other: *(Indicate type of expense)* _____ \$ _____
Credit Cards, etc. (List Type of Cards) _____ \$ _____
TOTAL EXPENSES \$ _____

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 ~ 817-896-8278 (MOBILE)

FOR BOARD OF DIRECTORS USE

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