



APPLICATION FOR ASSISTANCE FROM THE BENEVOLENT AID FUND
RETURN ALL APPLICATIONS TO THE BENEVOLENT AID CHAIRMAN, BOARD OF DIRECTORS
GRAND CHAPTER OF TEXAS, OES

Please complete the following request for assistance. Funds granted will be based on need and the 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"/> EMERGENCY AID ASSISTANCE 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"/> TEMPORARY AID ASSISTANCE 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: _____

Is the Applicant an Endowed Member? Yes No

If **No**, are they in good standing for the current year? Yes No

If **Yes**, did the Chapter, or a donor, pay their dues? Yes No



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SECTION 3: REQUESTED FUNDS

SELECT ONE:

Emergency Aid Amount Requested (<i>Not to exceed \$1,500.00</i>)	\$ _____ .00
Temporary Aid Amount Requested (<i>Not to exceed \$500.00 per month for 3 months</i>)	\$ _____ .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 their current dues card, and give the 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

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:

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

If No, please explain: _____



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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 has one 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 types of insurance policies:

(Health) _____ (Life) _____

(Other) _____ (Other) _____

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



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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
PO BOX 193, PEASTER, TX 76485
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: _____