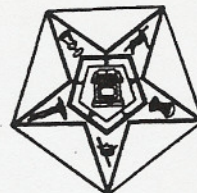


GRAND CHAPTER OF IDAHO  
OES BENEVOLENT BOARD  
APPLICATION FOR ASSISTANCE



ANSWER ALL QUESTIONS COMPLETELY

Chapter \_\_\_\_\_ No. \_\_\_\_\_ Location \_\_\_\_\_

Applicant \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone No. \_\_\_\_\_

Spouse Name \_\_\_\_\_ Masonic Member -Yes/No - Living/deceased

Amount of aid required by applicant \$ \_\_\_\_\_ One time amount\$ \_\_\_\_\_ or a monthly \$ \_\_\_\_\_

Explain what this need is to be used for \_\_\_\_\_

\_\_\_\_\_ How long will aid be required? \_\_\_\_\_

\*\*\*\*\*

TOTAL INCOME \$ \_\_\_\_\_ /monthly \$ \_\_\_\_\_ /yearly

(Include all of the following)

Your salary, spouse salary, social security, spouse security, OES Benevolent Funds, Income from Investments, (stocks, Bonds, CD's) Aid from other Organizations and/or any other sources.

Are other people residing in your home? Give name, relationship and income:

\_\_\_\_\_ \$

\_\_\_\_\_ \$

\*\*\*\*\*

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

Include all of the following:

Rent/Mortgage payment, Utilities, Taxes, Insurance (car, health, house, life etc.) Supplemental medical, medicine, doctors, and/or any other expenses.

Do you have Medicare or Medicaid? \_\_\_\_\_

To be signed by applicant, the Worthy Matron and Secretary of the applicant's Chapter, under seal of the Chapter.

**The above statements are true to the best of our knowledge.**

Date signed \_\_\_\_\_ Applicant \_\_\_\_\_

Date signed \_\_\_\_\_ Worthy Matron \_\_\_\_\_

Date Signed \_\_\_\_\_ Secretary \_\_\_\_\_

Chapter and No. \_\_\_\_\_

Seal

The information on this application is confidential. Make four copies; send one to each member of the Benevolent Board. The fourth copy is for your chapter files.

- A letter explaining the need and/or recommendation expedites application.