



**DISASTER AND BENEVOLENT FUND
APPLICATION FOR ASSISTANCE
GRAND CHAPTER OF NORTH CAROLINA
ORDER OF THE EASTERN STAR**

(PLEASE PRINT)

CONFIDENTIAL REQUEST FOR ASSISTANCE

DATE

Name of Applicant: _____
(FIRST) MIDDLE/MAIDEN (LAST)

Member of _____ Chapter No. _____ District _____

Mailing Address _____
(PO BOX/ HOUSE NO) (STREET) (APT)

(CITY) (STATE) (ZIP CODE)

Street Address (IF DIFFERENT FROM MAILING ADDRESS) _____
(HOUSE NO) (STREET) (APT)

(CITY) (STATE) (ZIP CODE)

Phone No.: _____ / _____ Martial Status: Married () Single () Widow () Widower ()
(HOME) (CELL)

No. of Dependents: _____ Have you ever applied for or received any aid and/or assistance from the
(RESIDING IN YOUR HOME)

Grand Chapter Disaster /Benevolent Fund? Yes () No () If yes, when: _____ Amount received: \$ _____

Date of current Disaster or Emergency: _____ Total Amount Requested: \$ _____
(MAXIMUM AMOUNT \$1000.00 PER MEMBER PER YEAR)

What is the Current Emergency or Disaster Situation causing the need for assistance and how will the money be used?

(FOR ADDITIONAL SPACE USE BACK OF FORM)

(SIGNATURE OF APPLICANT)

FOR USE BY DISASTER AND BENEVOLENT FUND COMMITTEE

REQUEST NUMBER: _____ - _____

APPROVED: _____

AMOUNT: _____

DISAPPROVED: _____ REASON: _____

DATE CHECK SENT: _____

CHAIR _____

COMMITTEE MEMBER _____

COMMITTEE MEMBER _____

COMMITTEE MEMBER _____

COMMITTEE MEMBER _____