



**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 \_\_\_\_\_