

ORDER OF THE EASTERN STAR STATE OF ALABAMA
APPLICATION FOR BENEVOLENT ASSISTANCE FOR ALABAMA MEMBER
(PLEASE PRINT OR TYPE)

Date: _____

We, _____ Chapter No. _____ hereby make request for assistance for our member,
_____, who is also a member of _____ Chapter No. _____,
_____ Chapter No. _____, _____ Chapter No. _____

State briefly the circumstances which have prompted this request for Assistance: _____

Applicant's address: _____

Applicant's phone no. (or Name and no. of person we may contact): _____

Applicant is: ☐ Married ☐ Single ☐ Widow/Widower Is applicant employed? ☐ If so, where? _____

Is spouse employed? ☐ If so, where? _____

Is amount of financial need known? ☐ If so, explain _____

What assistance has this Chapter provided? _____

Have other Chapters provided assistance? ☐ If so what? _____

Has assistance been applied for through:

Masonic Lodge? _____ If so, status: _____

Grand Lodge? _____ If so, status: _____

Other Sources? _____ If so, what source/status _____

Worthy Matron's name: _____ Phone: _____

Secretary's name: _____ Phone: _____

(SEAL)

Worthy Matron

Secretary

REPORT OF THE BENEVOLENT OUTREACH COMMITTEE

Assistant Requested for: _____

STATE CHAIRMAN: Date Application Received: _____

Sent to Area Chairman (Bro./Sis.): _____

Address: _____ Phone: _____

Date Sent: _____

AREA CHAIRMAN: Date Application Received: _____

Action Taken: _____

Recommendations: _____

Area Chairman's Signature: _____ Date sent to State Chairman _____

STATE CHAIRMAN: Date Report Received from Area Chairman: _____

Recommendations: _____

Approved _____ Disapproved _____ Amount _____

State Chairman's Signature _____ Date sent to Grand Secretary: _____

GRAND SECRETARY: Date Received from State Chairman: _____

Check was sent to (if approved): _____ Date: _____

Date letter regarding final status of application was sent to Chapter: _____

Grand Secretary's Signature