

**APPLICATION FOR BENEVOLENCE
GRAND CHAPTER OF GEORGIA
ORDER OF THE EASTERN STAR**

Name _____

Address _____ Date of Birth _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Number _____

Are you a member of the Order of the Eastern Star? _____ Yes _____ No

Chapter Name _____ No. _____ District _____

Do you have any dependents? _____ Yes _____ No

If yes, please specify:

Spouse _____ Minor Children (number) _____ Others _____

Do they contribute to the household expenses? _____ Yes _____ No

TOTAL HOUSEHOLD ESTIMATED MONTHLY NET INCOME _____

TOTAL HOUSEHOLD ESTIMATED MONTHLY EXPENSE _____

Explain in detail the reason(s) aid is requested and provide other information you would like to share with the investigating committee.

Signature of Applicant _____ Date _____

Applicant is eligible to apply to only one Eastern Star Assistance Fund per 12-month period.

TO BE COMPLETED BY THE INVESTIGATING COMMITTEE

Sponsoring Chapter Name and Number _____

Who completed the application form? _____

Have all questions on the application been answered? ____Yes ____No

Did you visit in the home? ____Yes ____No (If not in home where?)_____

Has the chapter provided any assistance to the applicant?_____

Has the applicant applied to any other organization or governmental agency for assistance?
____Yes ____No (If yes give name and result of the application)

We the members of the Investigating Committee appointed to investigate and report upon this application, recommend ____Approval ____Disapproval.

See attached letter from the Investigating Committee with recommendation(s) and circumstances relative to this application.

(Printed Name) (Signature) (Phone)

(Printed Name) (Signature) (Phone)

(Printed Name) (Signature) (Phone)

Date Chapter voted to sponsor the applicant for benevolent aid _____

Secretary of Chapter _____
(Printed Name) (Signature)

Secretary's Mailing Address _____

City _____ State _____ Zip Code _____ Phone _____

Chapter Seal)

FOR USE BY THE GRAND CHAPTER BENEVOLENCE COMMITTEE

Date Received _____ Chairman _____

Approved _____ Member _____

Disapproved _____ Member _____

Amount Approved \$ _____

(Revised June 2022)