Order of the Eastern Star
Grand Chapter of South Carolina
Assisted Care Board

The following is your request for financial help from your Assisted Care Board. Please answer all questions and give explanations where necessary.

Name ____

Address____

Phone No.______________________________ Cell No. ______________________________

Email Address____

Your Chapter name. number and district____

Dual Chapter and number________________________

Date Joined Eastern Star______________________ Is Membership Continuous ______________

If not, explain ____

Current Dues Paid by ____

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Reason for assistance (Please be specific)____

____

____

What other sources have been sought for aid ______________________________________

____

If the Member applying is a Master Mason, give name and location of Lodge and attach copy of current dues card____

1. Have you (including spouse or other family members) previously petitioned Grand Chapter for assistance? ______Yes ______No.
   If yes, please provide details to include when, reason, amount and outcome: ____________________

   ____

2. Please list all Monthly Income (including spouse or other family members). If there are minor children, list any type of benefits they may receive. (attach additional page if needed)

Source	**Amount**
________________________________	$__________________
________________________________	$__________________

If salary is listed, are you working? ____________________ Type of work ________________________

Are you currently applying for disability? ____

Have you been denied Disability by the Government? __________________________________

Explain ____

If unemployed, previous employment ____

Why are you unemployed? ____

TOTAL MONTHLY INCOME: $________________________

3. LIST MONTHLY EXPENSES

Rent or house payment (Do you _____Own _____Rent) $______________________

Nursing Home Monthly Payments $______________________

(If assistance has been sought, attach extra page and explain)

Electricity (attach copy of latest bill) $______________________

Gas (heating) (attach copy of latest bill) $______________________

Water (attach copy of latest bill) $______________________

Telephone (attach copy of latest bill) $______________________

Medicine (after insurance coverage)

$______________________

If any medical expenses are not covered by insurance explain on an additional page, if needed .

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CERTIFICATION BY MEMBER APPLYING FOR AID:

I certify that the above answers are true to the best of my knowledge. I have been a member in good standing in a subordinate Chapter of the South Carolina Grand Chapter of the Order of Eastern Star for a minimum of three (3) year.

______________________________________ Date____________________

Signature of Applicant

Elected Assisted Care Board Members are: Linda Allen, Jennifer Bailey , Judith Boykin, Debra Brown ,Cheryl Clayton, Carol Lovece

Return your completed application to : Linda K. Allen
109 Branford Road
Florence, S.C. 29505

For Board of Directors Use

ID # ____________________

Chapter____________________

Received____________________

Action Taken____________________

Signed____________________

Date ____________________