



**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 print your answers neatly for all questions and give explanations where necessary.**

Name: _____

Address: _____

Phone' home: _____ Cell: _____

Email Address: _____

Your Chapter name: _____ # _____ District: _____

Dual Chapter name: _____ # _____

Date Joined Eastern Star: _____ Continuous Membership? ()Yes ()No

If membership not continuous, please, explain:

Current Dues Paid by: _____

Reason for assistance (Please be specific):

What other sources have been sought for aid:

If the Member applying is a Master Mason, give Lodge name and location

Please attach a copy of current dues card

Lodge Name: _____ # _____ City: _____ State: _____

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
_____	\$ _____ per _____
_____	\$ _____ per _____

TOTAL MONTHLY INCOME: \$ _____

If salary is listed, are you working? ()Yes ()No Type of work _____

Are you currently applying for disability? ()Yes ()No

Have you been denied Disability by the Government? ()Yes ()No If Yes, explain

If unemployed, previous employment

Why are you unemployed?

1. Please list all 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.

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

Printed name

Elected Assisted Care Board Members are:

President Debbie Cook-PGM, Carol Lovece, Judith Boykin, Rhonda Shook, Lynda Pittman-PGM, Frank Strickland 2024-2025

Return your completed application to:

Debbie Cook, PGM
10 Wardlaw Court
Charleston, SC 29414

For Board of Directors Use

ID # _____

Chapter _____

Received _____

Action Taken _____

Signed _____ Date _____