



**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**, please give Lodge name and location?

Please attach a copy of current dues card.

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

1? Have you (including your 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 your 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?

3? 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 APPLY 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 the Eastern Star for a minimum of three (3) years.

Signature of Applicant

Date: _____

Printed Name

Elected Assisted Care Board Members for 2025-2026 are:

- President - Debbie Cook, PGM
- Vice President - Lynda Pittman, PGM
- Secretary - Rhonda Shook, PM
- Frank Strickland, PP, Josiane Horton, PM, and Willis Jenkins, PP

Return your completed application to:

**Debbie Cook, PGM
10 Wardlaw Court
Charleston, SC 29414-6930**

For Board of Directors Use

ID # _____

Chapter: _____

Received: _____

Action Taken: _____

Signed: _____ Date: _____