

APPLICATION FOR ONE-TIME EMERGENCY ASSISTANCE

from the Fraternal Emergency Fund of the
Grand Chapter of Pennsylvania, Order of the Eastern Star, Inc.

Date of Request: _____

Chapter Name: _____

Chapter #: _____

Region #: _____

Applicant's Name: _____

Address: _____

Telephone #: _____

Email Address: _____

Reason for Request *(include details of the nature of the emergency; the balance due; the account number and company name to whom the emergency check should be made payable to, etc.) (use a separate page, if necessary, to fully describe the situation):*

Send the completed application, a copy of your current dues card, and supporting documentation to the appropriate sectional representative of the Grand Chapter Fraternal Committee.