**APPLICATION FOR ONE-TIME EMERGENCY ASSISTANCE**

from the Fraternal Emergency Fund of the

Grand Chapter of Pennsylvania, Order of the Eastern Star, Inc.

Date: Are you a widow/wife of a Master Mason? \_\_\_\_Yes \_\_\_\_ No

Name \_\_\_\_\_\_\_\_\_\_\_\_\_ \_Age\_\_\_\_\_ Marital Status \_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telephone Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chapter No. \_\_\_\_\_\_\_\_ Region \_\_\_\_\_\_

Length of membership Years

If dual/plural member, list Chapter name and # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason for Request***: Include specific details of the nature of the emergency and why seeking assistance. Must include a copy of the past due bill, statement, repair bill/estimate, medical bill, court summons, eviction notice, shut off notice, etc.; the balance due; the account number and company name, address, telephone, email address and contact information 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.*

*I hereby apply for a one-time emergency assistance from the Grand Chapter of Pennsylvania, Order of the Eastern Star Incorporated, Fraternal Fund and affirm that I have given all true facts concerning my situation.*

Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form last modified June 2025