

APPLICATION FOR MASONIC ASSISTANCE

APPLICATION BASED ON MASONIC HISTORY OF:

Name _____

Lodge _____ No. _____ Located _____

Date of Membership _____

Has there ever been a DEMIT or SUSPENSION? _____

Affiliation with any other Symbolic Lodges? _____

If yes, give name and location _____

Membership in Concordant Bodies:

Chapter _____

Council _____

Commandery _____

Scottish Rite Valley of _____

Shrine _____

Tall Cedars _____

Grotto _____

Affiliation with any other Concordant Bodies? _____

If yes, give name and location _____

Membership in the Order of the Eastern Star:

Chapter _____

Membership in any other Fraternal or Social Organization: _____

If yes, give name, membership, date and assistance received, if any _____

TO BE COMPLETED BY PERSON REQUESTING ASSISTANCE ~

Have you ever made application for Masonic Assistance? Yes No

If yes, when? _____

Name _____ Age _____ DOB _____

Present Address _____

Telephone Number (____) / _____ Social Security No. _____

Marital Status: Single _____ Married _____ Widowed _____ Separated _____ Divorced _____

Spouse: _____ Age _____

First Maiden (if applicable) Last

Date of Birth _____ Date of Death (if applicable) _____

Children:

Name	Age	Address	Phone
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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Assistance of any kind received from any relatives? _____ If yes, explain: _____

EMPLOYMENT HISTORY

Are you currently employed? Yes No For how long? _____

Name of Employer _____

If not currently employed, state reason _____

Are you employable? _____

MILITARY HISTORY (Applicant or Masonic Member)

Armed Service Branch _____ Rank _____

Serial Number _____ Vets Claim No. _____

Other _____

Service Connected Income Yes No Amount \$ _____

MEDICAL HISTORY

General Physical Condition: Excellent Good Fair Poor

Significant Medical Problems _____

REAL ESTATE

Do you own any real estate? Yes No

If yes, describe _____

Address _____

Deed in name of _____

Approximate Value \$ _____ Mortgage/Lien \$ _____

Income from property? Yes No If yes, amount monthly? \$ _____

BANK ACCOUNTS

Savings Account

Checking Account

Name of Bank _____

Account Balance _____

Account Number _____

Securities, Stocks, Bonds: Yes No If yes, type and amount _____

AUTOMOBILE

Yes No Make _____ Year _____ Value _____

LIFE INSURANCE

Yes No Company _____ Policy No. _____

Type & Amount _____ Beneficiary _____

Loan/Liens \$ _____

Has application been made for:

Public Assistance ? Yes No # _____

Medical Assistance ? Yes No # _____

Food Stamps ? Yes No

INCOME	<i>Weekly</i>	<i>Monthly</i>	<i>Yearly</i>
Wages			
Interest & Dividends			
Social Security			
Pensions			
Annuities			
Profit Sharing			
401K Plans			
IRAs			
Workers Compensation			
Temp. Disability Ins. (TDI)			
Disability			
Live In: Room & Board			
Contributions from family			
Unreported			
Other ~			
<i>Total Income</i>			
EXPENSES	<i>Weekly</i>	<i>Monthly</i>	<i>Yearly</i>
Food			
Clothing			
Telephone			
Heat			
Electric			
Credit Card Payments			
Rent - House/Apartment			
Life Insurance			
Own Home:			
Mortgage			
Insurance			
Taxes			
Automobile:			
Loan			
Insurance			
Taxes			
Gas, Maintenance, etc.			
Blue Cross/Physicians Serv.			
Medicine			
Other ~			
<i>Total Expenses</i>			

Please complete the appropriate column based on the most recent information available to you.

Applicant Signature: _____

Date: _____

REPORT OF INVESTIGATION COMMITTEE

(Said Committee will consist of the Master, Senior Warden and Lodge Representative)

We, the undersigned, have personally interviewed the above applicant and find that:

We recommend or request, to the Relief Committee of the Grand Lodge Charities of Rhode Island and Providence Plantations, the following:

Is your lodge able to contribute 15% of a grant? _____

If not, how much can you contribute? _____


Signed:

Master

Senior Warden

Lodge Representative

Date

 *Please return application to ~*

Masonic Grand Lodge Charities
222 Taunton Avenue
East Providence, Rhode Island 02914-4556