

**Retha Squires, PGM
Welfare Committee, Chairman**

Worthy Grand Matron, Worthy Grand Patron, Distinguished Members of the Order, Sisters and Brothers,

This is a communication to remind you of the Welfare Fund which is available for assistance to our Sisters and Brothers.

The Committee consists of three (3) members of our Order. A form is filled out, signed by the Worthy Matron, Associate Matron and Secretary of the Chapter to which the one applying for assistance belongs and sent to the committee for consideration.

We (you and I) have a wonderful opportunity to assist our Sisters and Brothers through this fund. We took a vow at our Altar to give aid to others in their misfortune. Our funds are seriously low and we are asking for your assistance in replenishing this fund so we can continue to assist those in need. We hope you will remember the Welfare Fund when making donations, honorariums, or memorials.

We thank you in advance for your assistance.

Fraternally,

Retha Squires PGM

Laura Durham, PM

Martha Glawson, PM

Retha Squires, PGM, Chairman

Number: _____ **APPLICATION FOR ASSISTANCE** Date: _____

To the Welfare Fund Committee, Grand Chapter of Missouri, Order of the Eastern Star:

We request assistance for the member named below. The following statements are true to the best of our knowledge:
(Please type or fill-in with ink)

1. Name of Applicant: _____ Date of birth: _____

2. Address of Applicant: _____

3. Name of Chapter _____ Located at _____

4. How long has she been a member of this chapter? _____ Of the order? _____

5. Masonic Relationship _____ of _____

member of _____ Lodge No. _____ A.F. & A.M. of _____

6. Name and address of other near relatives and their relationship: _____

7. To what extent can and will these relatives assist? _____

8. What help does or can the Chapter give? _____

9. Name and location of other fraternal organizations to which applicant belongs: _____

10. How much do, or will these organizations assist? _____

11. Does the applicant receive (or eligible for) and how much from a) Social Security? _____

b) Other Public Assistance? _____

12. Aid from any other organizations? _____

13. Means of support: a) Income _____ b) Real Estate, Personal Property and value thereof _____

14. History of case and reason for appeal (Give in detail, using another sheet if necessary): _____

15. Amount of assistance recommended in this case: a) Monthly _____ or b) Lump sum _____

16. For how long will aid probably be needed? _____

Please answer all statements fully, using separate sheet when necessary. This application must be signed by the Worthy Matron, Associate Matron and Secretary of your Chapter.

Applicant

Worthy Matron

Associate Matron

Affix
Chapter Seal

Secretary