

How to Submit a Request

1. The member must be a member in good standing for at least 5 years.
2. The member must fill out the request form.
3. The member must include all of the bills, which can include credit cards used for medical purchases.

The Board requires all of the unpaid medical, personal, and housing bills to determine how to help the member. In the financial section, all questions must be answered; if the answer is zero or none, please indicate that.

4. The member requesting assistance must submit a personal letter telling the Board why they need help.
5. The Chapter secretary must submit a letter stating that the member has belonged to the order in Massachusetts for 5 continuous years and is currently in good standing.
6. The member must be either elderly (over the age of 55) or infirm (having a medical condition at any age that makes it difficult to work).
7. A Director of the Board is to be contacted by the Chapter Representative.
8. The request and all bills are submitted to the Director. The request cannot be processed until ALL of the paperwork is received.
9. After the Board has made a decision on the request, the member will receive a letter from the Board indicating how the Board will be helping, if possible.
10. Once a member has received help from the Board, they cannot receive more help until 6 months has passed since the end of the help period. For example, if a member receives help for 6 months, January through June, the member cannot request more help until the following January.

PLEASE NOTE:

The Purpose of the Charitable Foundation IS NOT to supplement income or to provide loans. Financial indiscretion is not a proper reason to request assistance.

Any assistance shall be confidential and known only to the Chapter Representative to the Charitable Foundation and/or the Worthy Matron, the recipient, and the Board of Directors of the Charitable Foundation.



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REQUEST NUMBER: _____ - _____

**Eastern Star of Massachusetts Charitable Foundation, Inc.
Grand Chapter of Massachusetts
Order of the Eastern Star**

CONFIDENTIAL REQUEST FOR ASSISTANCE

Please Use Blue or Black Pen

Date: _____

Chapter Name: _____

Located: _____

Applicant's Name: _____ Age: _____

Address: _____ Number: _____

Town: _____ State: _____ Zip Code: _____

Own Home Rent Board Live with Relatives

If you live with Relatives, please explain: _____

Have you ever applied to the Charitable Foundation before? Yes No If so, when: _____

Have you applied for or received any aid or assistance from the Isadore Forbes Fund? Yes No

If so, please explain: _____

Medical or Hospital Insurance If yes, name of Company: _____

If married, answers to the following questions should include spouse:

Currently Employed Employer: _____ Retired Since: _____

(spouse) Employer: _____ (spouse) Since: _____

REQUIRED: This request MUST be accompanied by a letter from the applicant, a letter from the Chapter Secretary, and by a Request for Quotation, Purchase Requisition, Sales Receipt, Invoices, Bills, etc.

FINANCIAL STATUS

If status is zero or none, please indicate. Do NOT leave any blank answers.

Employment: \$ _____ Pension: \$ _____ Social Security: \$ _____
Annuities: \$ _____ Old Age Assistance: \$ _____ Unemployment: \$ _____
Savings Account: \$ _____ Checking Account: \$ _____
Family Contributions: \$ _____ Other: \$ _____ (must explain)

explain: _____

PLEASE LIST ALL MONTHLY EXPENSES

You MUST submit all bill statements before your request can be processed.

Rent/Mortgage: _____

Utilities: _____

Insurance: _____

Telephone/Internet: _____

Child Care: _____

Doctor Bills: _____

Hospital Bills: _____

Medication: _____

Medically-related Credit Card Bills: _____

Other (please use a separate sheet of paper, if needed): _____

The following information must be filled out by the Chapter Representative:

Chapter Representative: _____ Number: _____

Address: _____

Town: _____ State: _____ Zip Code: _____

Worthy Matron: _____ Number: _____

Address: _____

Town: _____ State: _____ Zip Code: _____