

GRAND CHAPTER OF MASSACHUSETTS
ORDER OF THE EASTERN STAR
Isadore Forbes Benevolent Fund Board

Dear

We understand that you are currently experiencing a stressful time in your life and we want you to know that, if possible, the Isadore Forbes Benevolent Fund Board is here to assist you.

The goal of the Isadore Forbes Benevolent Fund Board is to provide **temporary** assistance to members of the Order of the Eastern Star of Massachusetts, who have been members **in good standing** for at least **five years and whose current years Dues are paid** . When an application for assistance is received, it will be assigned to one of the five members of the Board, who will then review the case and make recommendations to the remaining Board members. Once the Board agrees on the amount of assistance to be given, **the funds will be paid directly to the creditors. Funds are never given to the Applicant and this assistance is generally allowed only once. The Board will consider assisting the applicant again after a waiting period of three (3) years.**

The purpose of the Fund is to help our Sisters and/or Brothers who have suffered a **temporary setback, NOT as a supplement to income**. If there is a need due to a longer term difficulty, such as illness or age, then the Applicant should seek assistance from the Charitable Foundation Board.

The list below contains the steps you need to follow to complete the application procedure:

- Have the application signed by the Chapter Representative and the Chapter Secretary **before** you fill out any personal information. If necessary, the Chapter Representative will be willing to assist you in completing the paperwork.
- Write a letter outlining specific requests for help, i.e. rent, mortgage, heat, lights, etc. Include dates that the bills are due or when they were due. You should explain any circumstances that you feel the Board members should be aware of.
- Complete the application with full detail, including all **current, original** Bills & mailing envelopes for use by the Board. Incomplete applications can slow the process.
- It is suggested that you keep a complete copy of all materials sent to the Isadore Forbes Benevolent Fund Board.
- Include all pertinent documentation – Copies of bank statements and/or the last two (2) pages of any savings bank book, checking, CDs, everything that is part of your potential income.
- Full disclosure of any Credit Card indebtedness with all documentation for review by the Board. This documentation should include a breakdown of what was charged to each card.

- (Please be aware, we DO NOT pay credit card debt for purchases, eating out, etc. If you use your credit cards to cover essentials, i.e. rent or mortgage, heat, electricity, etc., the Board will consider paying that portion of the credit card bill.)

Please mail the Application, the Applicant and Chapter Representative Letters, and all the required documentation to the President of the Board whose address and contact information is listed at the bottom of this letter.

If you have any questions while completing the application, the members of the board are here to help you. ***Confidentiality is our main concern in this process and your information will only be shared with the members of this board, the Chapter representative and the Chapter Secretary.***

Fraternally,

Elizabeth K. Rogers, P.G.M., President
 Marion McPhee, P.M., Secretary
 Ruth Q. Wellner, P.M., Treasurer
 Todd J. Ridder, P.P.
 Carl F. Kersting, P.P.

As a result of a vote taken by the trustees of the Isadore Forbes Benevolent Fund Board at a meeting held June 11, 2017, the following trustees will serve the Board as Officers until the Grand Chapter session in May 2018:

President: Elizabeth K. Rogers, P.G.M. (2019)
 61 Lynwood Dr.
 Chicopee, MA 01022-1180
 413-593-0043 (home) email: erpgm88@gmail.com

Secretary: Marion McPhee, P.M. (2018)
 7 Cathy Rd.
 Burlington, MA 01803
 781-272-8585 (home) email: marionmcphee@comcast.net

Treasurer: Ruth Q. Wellner, P.M. (2022)
 20 Battles Rd.
 Westminster, MA 01473-1222
 978-874-2874 (cell) email: rqw2009@gmail.com

Trustee: Todd J. Ridder, P.P. (2020)
 71 Chard St.
 Weymouth, MA 02189
 781-985-0530 (cell) email: wortodd@comcast.net

Trustee: Carl F. Kersting, P.P. (2021)
 24 Bisson St.
 Beverly, MA 01915-4607
 978-922-6591 (home)
 508-843-6252 (cell) email: crownwarrior@yahoo.com

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ORDER OF THE EASTERN STAR
ISADORE FORBES BENEVOLENT FUND BOARD

APPLICATION FOR TEMPORARY ASSISTANCE

Please, fully read the application before completing. Incomplete applications will be returned. Please use ballpoint pen when completing the application.

Chapter Name: _____ Location: _____ Date: _____

Applicant's Name: _____ Date of Birth: _____

Address: _____ Town/City: _____ State: _____ Zip: _____

Telephone/Cell Phone Number: _____, E-Mail Address: _____

Marital Status: Single: _____ Married: _____ Divorced: _____ Widowed/Widower: _____

If married, name of spouse: _____

Is applicant or spouse a member of a Masonic Lodge? _____ Where? _____

Own Home: _____ Rent: _____ Board: _____ Live with relatives: _____ If yes, explain: _____

Number in Family: _____ List age of each dependent:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name of Primary Doctor: _____ Telephone Number: _____

Address: _____

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

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

Currently employed: _____ Employer: _____ Retired since (year): _____

Financial Status: Indicate sources of monthly income and amount(s): (*include written proof of all income) (** include latest 2 statements or last 2 pages of pass book)

Employment: \$ _____ * Pension: \$ _____ * Annuities: \$ _____ * Social Security: \$ _____ *

401K: \$ _____ * (*if direct deposit, last 2 bank statements must accompany the Application)

Unemployment Compensation: \$ _____ * Savings Account(s): \$ _____ ** Checking Account(s): \$ _____ **

Family Contributions: \$ _____ * Other: \$ _____ * (please explain) _____

If your answer is yes to any or all of the following questions, please explain on the reverse side of this page.

Has Applicant ever applied to any other O.E.S. fund for assistance? Yes _____ No _____

Has Applicant received assistance from this Board or the Charitable Foundation Board in the past? Yes _____ No _____

Is Applicant eligible for assistance from any government agency or agencies? Yes _____ No _____

Is Applicant receiving aid or assistance from any other source? Yes _____ No _____

PLEASE LIST ALL MONTHLY EXPENSES
Include either originals or copies of all bills or statements

Monthly Rent or Mortgage payment: \$ _____

Utilities: Gas: \$ _____ Electric: \$ _____ Propane: \$ _____

Home Phone: \$ _____ Cell Phone: \$ _____

Medical Insurance: \$ _____ Life Insurance(s): \$ _____

Child Care: \$ _____ Doctor Bills (List all, if more than one): 1: _____

2: _____, 3: _____ If necessary, continue of reverse side.

Medication(s): \$ _____

Hospital Bills: (Total of all outstanding bills) \$ _____

Itemized Credit Card Receipts (include copies of credit card bills): \$ _____

Other Expenses: (please explain on the reverse side of this page, if needed): \$ _____

Signature of Applicant

To be completed by the Chapter Representative:

I have contacted the Applicant. My letter and the Applicant's letter are enclosed.

Chapter Representative's Signature: _____

Printed Name: _____

Date: _____ Tel. No.: _____ Address: _____

_____ Town/City: _____ State: _____ Zip: _____

To be completed by the Chapter Secretary certifying the Applicant's FIVE YEARS OF CONTINUOUS MEMBERSHIP (IN GOOD STANDING) in the Order of the Eastern Star in Massachusetts:

I certify that the Applicant was initiated on (date) _____ in _____ Chapter

No. _____ and that she/he is a member in good standing of _____ Chapter No. _____

Chapter Secretary's Signature: _____

Printed Name: _____

Date: _____ Tel. No.: _____ Address: _____

_____ Town/City/State: _____ Zip: _____

Note: Application MUST be accompanied by a letter from the Applicant and the Chapter Representative (if not mailed separately).

Revised 9/11/17