



Grand Chapter of Iowa, Order of the Eastern Star
Board of Relief

APPLICATION FORM

SUBMITTED BY: _____ # _____, _____
Chapter Name Location

APPLICANT NAME: _____ AGE _____

EASTERN STAR MEMBERSHIP: _____

FAMILY INFORMATION (number of members living with applicant and age if children) _____

EMPLOYMENT STATUS: _____

PERSONAL INSURANCE OR AID: _____ NO _____ YES EXPLAIN: _____

NATURE OF ASSISTANCE GIVEN BY THE CHAPTER _____

MONITARY ASSISTANCE GIVEN BY THE CHAPTER _____

AMOUNT REQUESTED: _____ AMOUNT AWARDED _____

ADDITIONAL INFORMATION: _____

Chairman Chapter Relief Committee