



**GRAND CHAPTER OF IOWA
ORDER OF THE EASTERN STAR
BOARD OF RELIEF
APPLICATION FORM**



DATE: _____

SUBMITTED BY: _____, NO. _____, _____
CHAPTER NAME LOCATION

APPLICANT NAME: _____ AGE: _____

FAMILY INFORMATION: _____

MASONIC/EASTERN STAR AFFILIATION: _____

EMPLOYMENT STATUS: _____

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

NATURE OF ASSISTANCE REQUESTED: _____

ASSISTANCE PROVIDED BY THE CHAPTER: _____

ADDITIONAL INFORMATION: _____

 CHAIRMAN CHAPTER RELIEF COMMITTEE