

GUIDELINES FOR APPLICATION
EASTERN STAR MAINTENANCE COMMITTEE
Grand Chapter of Tennessee
Order of the Eastern Star

1. Any Sister who is a member in good standing and has no less than ten (10) years consecutive membership in an Eastern Star Chapter in Tennessee is eligible to apply for assistance from the Eastern Star Maintenance Committee. Preference will be given to those who are not eligible for assistance from the Widows and Orphans Fund of the Grand Lodge of Tennessee. It shall be the committee's responsibility to determine the amount of assistance to be granted. Assistance amounts may be limited by governmental regulations. It shall be the committee's responsibility to investigate the impact that assistance would affect applicant. In no case shall the assistance granted exceed the amount established by the committee. The committee shall send their recommendation to the Advisory Committee for approval.
(Constitution and Code of Laws, Ch. 9, Sec. 5i, Page 36)

2. The Applicant must be recommended by one of the Elected Officers of the Eastern Star Chapter sponsoring the application.
3. The application must be submitted on the new revised Application Form (March, 2006) furnished by the Eastern Star Maintenance Committee and included in the chapter packets distributed by the Grand Secretary's Office at Grand Chapter. These application forms will also be available from members of the Eastern Star Maintenance Committee, the chapter Secretary, or the office of the Grand Secretary. It must be completed in full, typed, or printed in ink, and must be accompanied by at least three (3) letters of recommendation:
 - a. One from the Elected Officer recommending the Applicant.
 - b. One from a Past Grand Matron or Past Grand Patron in the section where the Applicant is a chapter member. She/He must not be a member of the Eastern Star Maintenance Advisory Committee.
 - c. One from another person who is familiar with the financial needs of the Applicant.

The application must be signed by the Applicant, the Worthy Matron, and the Secretary of the sponsoring Eastern Star Chapter, and must include the seal of the chapter. It is the responsibility of the sponsoring chapter to insure that the application is complete before it is submitted.

4. When the application is in order, the sponsoring chapter shall send it, along with all supporting letters to the Chairman of the Eastern Star Maintenance Committee.
5. When the Chairman receives the application, she/he shall notify the member of the Eastern Star Maintenance Advisory Committee of the section from which the application was submitted. She/He shall then contact other Past Grand Matrons and Past Grand Patrons in the section, and shall be in charge of coordinating a thorough investigation of the eligibility of the Applicant. The Chairman shall also contact other members of the Eastern Star Maintenance Committee to assist with the investigation.

The Committee's investigation shall include the impact that governmental regulations would affect the applicant's eligibility and assistance amount.

6. When the Past Grand Matrons and Past Grand Patrons have completed their investigation, they shall sign a Voucher For Assistance, recommend the amount of the assistance to be granted, and return it to the committee Chairman.
7. When the Chairman receives the Voucher For Assistance from the Past Grand Matrons and Past Grand Patrons, she/he will send it to the Grand Treasurer. Assistance checks are issued by the Grand Treasurer, through the Chairman of the Eastern Star Maintenance Committee, and are to be mailed to the Recipients by the 15th of each month.
8. In case of an emergency requiring immediate assistance, a check of not more than \$100.00 may be sent to the Applicant until the thorough investigation can be completed. In such case, two (2) Past Grand Matrons and/or Past Grand Patrons in the section may sign and submit an Emergency Voucher to the committee Chairman. This voucher will be submitted to the Grand Treasurer for a check to be issued.
9. Upon the death of an Eastern Star Maintenance Recipient, the Secretary of the chapter of which the Recipient was a member shall immediately notify the chairman of the Eastern Star Maintenance Committee.
10. Any check received after the death of an Eastern Star Maintenance Recipient must be returned, un-cashed, to the Chairman of the Eastern Star Maintenance Committee. The Chairman shall return the check to the Grand Treasurer for proper handling through the Grand Chapter.

NOTE: Because of governmental regulations, if a Sister is receiving Medicaid, or any other kind of government financial assistance, the Grand Chapter of Tennessee may not be able to approve an application for Eastern Star Maintenance assistance. The committee must determine all sources of assistance each Sister is receiving and verify through the proper agency that the assistance from the Grand Chapter of Tennessee would not have a negative impact on the recipient.

APPLICATION FOR ASSISTANCE

Revised 2006

Eastern Star Maintenance Committee
Grand Chapter of Tennessee
Order of the Eastern Star

Application must be completed in ink or typed. Please print if not typed.
Complete and accurate information on all questions will expedite handling of Application.

Personal Information

Full name of applicant _____ Date of birth _____

Address _____ Telephone No. _____

Marital Status: Married _____ Single _____ Widowed _____ Divorced _____

Number of persons living in household: Adults _____ Relationship to you _____

Children under 18 _____ Relationship to you _____

Eastern Star—Masonic Information

Eastern Star Chapter of which you are a member _____ No. _____

How long have you been a member of this chapter? _____ years

Are you a member of any other chapter? _____ Name and number _____

Full name of Master Mason on whose Masonic affiliation you became a member of the Order of the Eastern Star:

_____ Relationship to you _____

Name and number of his Masonic Lodge: _____

Is he a Master Mason in good standing? _____

If deceased, was he a Master Mason in good standing at the time of his death? _____

If applicable, is/was your husband a Master Mason? _____

Name and number of his Masonic Lodge: _____

If deceased, was he a Master Mason in good standing at the time of his death? _____

Date of death _____

Personal Property and Real Estate

Do you own the home where you live? _____ Approximate Value: _____

Approximate value of personal property and real estate owned by applicant and household members _____

Amount of indebtedness against personal property and/or real estate: _____

APPLICATION FOR ASSISTANCE (Continued)
Eastern Star Maintenance Committee

Name of Applicant _____

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Financial Information

Itemize YOUR Personal Monthly Income: (Add additional pages if needed.)

Source	\$\$ Amount	Source	\$\$ Amount
Social Security		Other Pension/Retirement	
Insurance		Dividends	
Stocks/Bonds/Annuities		Interest	
Monthly Salary			

Do YOU have/receive: (Add additional pages if needed.)

1. Money Market/Savings Account? _____ Amount: \$ _____ Certificates of Deposit: _____
2. Medicare? _____ Parts: A _____ B _____ C _____ D _____ Medicaid/TennCare? _____
3. Life Insurance? _____ Amount: \$ _____ IRA/Investment Accounts: _____ Value: \$ _____

List all other sources of assistance you receive: (Add additional pages if needed.)

Source	\$\$ Amount	Source	\$\$ Amount
Relatives		Friends	
Church		Eastern Star Chapter	
Other Organizations (List)			

Itemize Monthly Income of OTHER Household Members: (Add additional pages if needed.)

Name/Relationship to You	Source of Income	\$\$ Amount

Itemize monthly personal and household expenses: (Add additional pages if needed.)

Expense	\$\$ Amount	Expense	\$\$ Amount
Food		Rent/House Note	
Utilities		Telephone/Cable	
Insurance		Automobile note/gas/etc.	
Medicine		Clothing	
Property Taxes		Contributions/Donations	
Gifts			

TOTAL MONTHLY EXPENSES \$ _____

APPLICATION FOR ASSISTANCE (Continued)
Eastern Star Maintenance Committee

Name of Applicant _____

Family Information

List name, address, and occupation of children: *(Add additional pages if needed.)*

Name	Address	Occupation

Explain reason assistance is requested. Use back of form if additional space is needed:

Signature of Applicant: _____

RECOMMENDED BY:

Elected Officer of the Chapter: _____
Name Office Held

Chapter Name and Number: _____

SIGNED:

SEAL OF THE CHAPTER

_____ (Signature)
 Worthy Matron

_____ (Signature)
 Secretary

Secretary's Mailing Address

**EASTERN STAR MAINTENANCE COMMITTEE
CHECK LIST FOR SUBORDINATE CHAPTERS**

To Be Attached to Front of Completed Application

It is the responsibility of the Subordinate Chapter recommending the Sister for assistance to send this check list to the Eastern Star Maintenance Chairman as soon as the application is completed.

Please check below to ascertain that all the required information and documents are included, and attach this form to the front of the application.

- _____ (1) All pages (3) of the completed **APPLICATION FOR ASSISTANCE** (Revised 2006). There should be no blanks on the application.
- _____ (2) Letter of recommendation from the Elected Chapter Officer recommending the Applicant.
- _____ (3) Letter of recommendation from a Past Grand Matron or Past Grand Patron from the section where the Applicant is a member.
- _____ (4) Letter of recommendation from one other person who is familiar with the financial needs of the Applicant.
- _____ (5) Signature of the Applicant.
- _____ (6) Name and office of the Elected Chapter Officer recommending the Applicant.
- _____ (7) Signature of the Worthy Matron of the sponsoring Eastern Star Chapter.
- _____ (8) Signature and address of the Secretary of the sponsoring Eastern Star Chapter.
- _____ (9) Seal of the sponsoring Eastern Star Chapter.