

2024 MASONIC GRANT ASSISTANCE PROGRAM FOR SENIORS AGED 55 AND ABOVE

ASCOG Area Agency on Aging 802 W. Main, PO Box 1647, Duncan, OK 73544

Application and Approved Vendor List available at: www.ascog.org Information Line: 580-736-7036

2024 Masonic Grant Assistance will be available until funds are exhausted for the year.

- I have read (or have had read to me) all instructions attached to this Application.
- I have previously been approved for Masonic Grant Assistance. If yes, what year: _____

INCOMPLETE APPLICATIONS (OR APPLICATIONS WITH NO ESTIMATE) WILL NOT BE PROCESSED!

Name (print legibly): _____		Telephone: (____) _____ - _____	
Address: _____			
Street	City	Zip	County
Date of Birth: ____/____/____		Age: _____ Race (optional): _____	
Total Average Monthly Household Income:		Total Average Monthly Household Expenses:	
Social Security: \$ _____		Rent or Mortgage (circle one): \$ _____	
Pension: \$ _____		Home Insurance: \$ _____	
Other (identify source): \$ _____		Electric: \$ _____	
How many people live in your residence? _____		Natural Gas: \$ _____	
Have you or a family member ever been a member of the Masons or Eastern Star? _____		Water: \$ _____	
If so, who? _____		Garbage/Sewer: \$ _____	
Is anyone in your household a veteran? _____		Vehicle Payment: \$ _____	
If so, who? _____		Vehicle Insurance: \$ _____	
Are you receiving ADvantage services through the state of Oklahoma (NOT Medicare)? _____		Vehicle Fuel: \$ _____	
		Phone Bill: \$ _____	
		Cable/Internet: \$ _____	
		Groceries: \$ _____	
		Medications: \$ _____	
		Medical Bills: \$ _____	
		Other (Identify): \$ _____	
		_____ \$ _____	
Alternate Contact (Required): Name: _____			
Relation: _____ Phone Number: (____) _____ - _____			

SEE REVERSE. BOTH PAGES OF APPLICATION MUST BE COMPLETED

