BOARD OF TRUSTEES
GRAND COMMANDERY CHARITY FUNDS
GRAND COMMANDERY KNIGHTS TEMPLAR OF IOWA

606 DORAN DRIVE P.O. BOX 1
VICTOR, IOWA 52347-0001
PHONE: (319) 464-7691
iowagrandyrsecrec@gmail.com

REQUEST FOR ASSISTANCE FROM GRAND COMMANDERY CHARITY FUND

The Grand Commandery Knights Templar of Iowa Charity Fund is provided by the Grand Commandery Knights Templar of Iowa and administered by the Trustees of the Grand Commandery Knights Templar of Iowa Charity Funds. The purpose is to provide financial assistance for those individuals (or families) who are recommended by an Iowa Commandery and who are determined to be qualified and worthy.

The Trustees normally **will** consider the funding of grants only when aid is also provided by the recommending Commandery and other Masonic orders.

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1. All Charity assistance requests are one - time grant requests. You must send a separate form for each request.
   How much are you requesting from the Grand Charity Funds? $ _____
   How much will your Commandery contribute? $ _____

Please type or print your responses to the following:

If more space is needed to answer any question, please attach a statement.

2. Name and address of Commandery requesting Charity:
   _____
   _____

3. Name, address and telephone number of person (s) for whom aid is requested:
   _____
   _____

4. Does the person (s) have a Masonic relationship? If yes, describe. (Name of Person, Lodge, Town)
   _____
   _____
   _____

5. Please provide a description of the specific need(s) of this person or family including the cause for the need, the need itself, and the efforts being made to alleviate the need. (You may attach a separate sheet in response to this question.)
   _____
   _____
   _____
   _____
   _____
   _____

6. **Has the person (s) for whom aid is requested applied for or is now receiving government or community assistance of any kind? (Medicare, Medicaid, Aid to Dependent Children/and Families, disability payments, Supplementary Security Income, etc.) List below which of the above is being received and the amount.**
Explain: _____

7. **Please attach a detailed monthly income and expense sheet for the individual or family, including all sources of income and all expenses. (You may use a separate sheet for this submission.)**

8. I verify that the information provided herein is accurate to the best of my knowledge.

_____
Signature of Investigating Party

_____
Date

9. **Brother/SK**_____ _____
(Name & Address)
has been appointed to serve as trustee for the disbursement of funds by the Commandery.

10. This application for Charity **was approved by a vote of the Commandery a**t _____ ___at a stated convocation **held on** _____ _____ , and such action was made part of the minutes.

RETURN FORM TO:
Grand Commandery Knights Templar of Iowa
P.O. Box 1
Victor, Iowa 52347-0001
iowagrandyrsecrec@gmail.com
319-464-7691

_____
_____
Print name, address & telephone number of Eminent Commander
X _____
Eminent Commander Signature

_____
_____
Print name, address & telephone number of Recorder
X _____
Recorder Signature

(AFFIX SEAL HERE)

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*** (COMMANDERY DOES NOT FILL IN BELOW)**
Date Approved: _____ Total amount approved: $ _____ _____

Grand Charity Contribution	Local Contribution	Others
	$ _____ Monthly	$ _____Monthly
	$ _____ Quarterly	$ _____ Quarterly
$ _____ One Time Grant	$ _____ One Time Grant	$ _____ One Time Grant

_____ _____
Chairman, Grand Charity Board Recorder