Grand Chapter Charity Fund

Grand Chapter Royal Arch Masons of Iowa

Application Form for Financial Assistance

Applicant:

Companions Name: _____

Address: _____

Phone(s): _____

E-mail: _____

If applicant is someone other than a companion ☐Parent ☐Wife ☐Child ☐Other_____ (please circle)

Name and address if different than above:

_____

_____

RAM Chapter to which applicant is a member:_____

Please state the need of the applicant:_____

_____

_____

_____

_____

Indicate the total amount of assistance needed: $_____

Dollar amount of individual payments: $_____ - Monthly or Other (how often) _____

Length of time individual payment assistance is needed: From_____-_____to_____-_____

month year month year

Name and signature of High Priest or Secretary: Name_____Signature_____

(The Chapter has presented the above named companion for assistance at a stated communication and agrees with the need.)

Send completed form to:

Gary W. Shaulis
4420 W. Mt. Vernon Rd.
Cedar Falls, Iowa 50613-8723

(do not fill in form below line)

Approved by Trustees on _____20____

Trustees:

_____

_____

_____

_____

_____