

MOST WORSHIPFUL PRINCE HALL GRAND LODGE OF OHIO

BENEVOLENCE FUND

The Most Worshipful Prince Hall Grand Lodge of Ohio “Benevolence Fund” is designed to aid and assist Brothers, in good and regular standing, to meet emergency expenses. **For purposes of the “Benevolence Fund”, the term “emergency” means, “A non-recurring condition or situation due to unforeseeable reasons or causes, that are beyond the control of the affected person(s)”.**

This does not include routine or regular personal responsibilities, except in the cases of extreme mitigating circumstances (i.e. fire, death or illness of the principal wage earner). Nor does this include circumstances which are attributable to cumulative acts of irresponsibility, imprudent behavior, poor stewardship, or non-essential items (i.e. telephone bills, purchase of an automobile, etc...).

Our Benevolence Fund considers an emergency need to include the basic need(s) of food, shelter or clothing. The intent of the assistance is to provide a short-term solution to the problem. Therefore, the maximum benefit amount under this program outreach is \$300.00. The Benevolence Committee will maintain an active list of social services agencies throughout the State of Ohio whose missions are to provide various types of emergency assistance. When appropriate, members may be referred to such agencies.

To apply for assistance and request an application, you are directed to contact the RW Grand Secretary Desmond V Jones at (216) 543-0733.

DO NOT CALL THE GRAND SECRETARY’S OFFICE DIRECTLY TO REQUEST ASSISTANCE FROM THE BENEVOLENCE FUND, AS WE ARE TRYING TO ENSURE THE COMPLETE CONFIDENTIALITY OF YOUR REQUEST. YOUR COOPERATION WITH FOLLOWING THE ABOVE INSTRUCTIONS WILL HELP US MAINTAIN AND RESPECT YOUR RIGHT TO PRIVACY THROUGH THIS PROCESS. THANK YOU.

**MOST WORSHIPFUL PRINCE HALL GRAND LODGE OF OHIO
BENEVOLENCE FUND PERSONAL ASSISTANCE APPLICATION AND QUESTIONNAIRE**

SECTION ONE

Name: _____ Lodge No. _____

Home Address: _____ Tel No() _____

List **ALL** individuals in your household

Name	Date of Birth	Relationship to Member

Are other members of your family employed? _____ Do they contribute to the household income? _____, If so, how much? _____

What is the nature of your emergency? (Explain)

How much assistance do you need? _____

How long do you anticipate requiring this assistance? _____

SECTION TWO

Employer: _____ How Long: _____ Annual Income: _____

Are you receiving financial assistance now? _____ If so, from whom _____ and for how long? _____

Page two, Benevolence Fund Application

Have you applied for assistance from any other organizations? _____ If so, from whom and was it granted?

What actions have you taken to alleviate this problem from recurring?

Signature of Member

Date:

Committee Date Received _____

Approval Yes/No

Most Worshipful Grand Master

Date _____

RW Grand Secretary

Date _____

RW Treasurer

Date _____

Remarks