

# Grand Chapter of New Mexico

## Order of the Eastern Star

### **APPLICATION FOR BENEVOLENT ASSISTANCE**

THE APPLICANT MUST BE A MEMBER IN GOOD STANDING OF A LEGALLY CONSTITUTED SUBORDINATE CHAPTER OF THE GRAND CHAPTER OF NEW MEXICO.

The Order of the Eastern Star cares about its members. In times of greatest need, the Grand Chapter Benevolent Fund was established to help our members in need. This process requires an application which will be carefully considered by the Grand Chapter Benevolent Board. This board is comprised of two sisters and one brother, each appointed to a three-year term to oversee this most delicate process. The final approval of funds is granted or denied by the Board of Grand Trustees.

A reminder: Each Benevolent Assistance request must come from the member's Chapter and be submitted under seal of the Chapter. The Chapter Secretary, Worthy Matron, and member in need are the only ones who should know about this request. The only ones to view the entire application, at the chapter level, are the Secretary and member in need, as the Secretary needs to assemble all the sections and mail the complete package to the Chairman of the Grand Chapter Benevolent Board.

The process is intended to be as discreet and confidential as possible; therefore, the process includes the following steps.

1. Members identify themselves to the Worthy Matron as being in a grave situation where they are in desperate need of financial assistance. (Chapter members may also approach the Worthy Matron to encourage her to approach the member in need and let that member know that financial assistance may be available at the Grand Chapter level).
2. Member, Worthy Matron, and Secretary complete the application.
3. The Chapter Secretary will mail the completed application to the Chairman of the Grand Chapter Benevolent Board, with a follow-up communication by the Chapter Secretary to the Chairman of Grand Chapter Benevolent Board to ensure receipt.
4. The Grand Chapter Benevolent Board should convene within 72 hours to review the application. If the Grand Chapter Benevolent Board approves the application it will determine the amount of proposed aid, and then submit the request to the Grand Trustees (not disclosing the member's name or any details). The Benevolent Board would like this process to take no longer than a week so our member may receive the help needed.
5. The Board of Grand Trustees will meet and approve or deny the request, and then inform the Chairman of Grand Chapter Benevolent Board of its decision.
6. If the Grand Chapter Benevolent Board approves the request the Chairman will notify the Grand Secretary and Grand Treasurer of the name and mailing address of the member, the amount of aid awarded and manner of distribution (in a lump-sum or in six (6) monthly payments. The Grand Treasurer will then process the payment(s) and mail directly to the member as instructed.
7. The Chairman of Benevolent Board will notify the member of the decision and what to expect regarding payment (if approved).
8. The Chairman of Benevolent Board will notify the Chapter Secretary of the Board of Grand Trustees' decision so that chapter records may be updated. (Chapter record should show only that a request for benevolence had been submitted and it was approved or denied).
9. The Chairman of the Benevolent Board shall retain, in the files of the board, the application for one (1) year after the date of last payment or for one (1) year from the date of application (for those applications declined), then destroy the application. As the board transitions year-to-year to a new chair, the information will be handed down to the next chairperson and managed accordingly. All information must be kept private and confidential.

The following application needs to be prepared by the Chapter Secretary, and the member in need. Designated individuals complete certain sections. The Chapter Secretary will mail the completed application to the Chairman of the Benevolent Board, with a copy retained and kept confidential by the Chapter secretary for one (1) year, then destroyed.

## **SUMMARY OF SECTIONS AND WHO CAN SEE WHICH SECTIONS AT THE CHAPTER LEVEL:**

- **SECTION I: GENERAL INFORMATION COMPLETED BY CHAPTER SECRETARY AND MEMBER (1 PAGE)**
  - Seen by Member, Worthy Matron, Secretary, and Grand Chapter Benevolent Board
  
- **SECTION II: PERSONAL FINANCIAL INFORMATION COMPLETED BY MEMBER IN NEED (1 PAGE)**
  - Seen ONLY by Member and chapter Secretary when packet is assembled and submitted by chapter Secretary to Grand Chapter Benevolent Board
  
- **SECTION III: STATEMENT OF NEED BY MEMBER COMPLETED BY MEMBER IN NEED (1 PAGE)**
  - Seen by Member, Worthy Matron, Secretary, and Grand Chapter Benevolent Board
  
- **SECTION IV: SIGNATURE AND SUMMARY SECTION COMPLETED BY WORTHY MATRON, AND CHAPTER SECRETARY (1 PAGE)**
  - Seen by Member, Worthy Matron, Secretary, and Grand Chapter Benevolent Board

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## Order of the Eastern Star

### APPLICATION FOR BENEVOLENT ASSISTANCE

#### **SECTION I: GENERAL INFORMATION -- CHAPTER SECRETARY COMPLETES THIS SECTION WITH MEMBER ASSISTANCE**

Date \_\_\_\_\_

TO: Benevolent Assistance Board, Grand Chapter of New Mexico, Order of the Eastern Star

From: Secretary of \_\_\_\_\_ Chapter No. \_\_\_\_\_, located in the City of \_\_\_\_\_, State of New Mexico.

Hereby petitions Grand Chapter of New Mexico for Benevolent Assistance.

Requested Total Amount: \$ \_\_\_\_\_ (Indicate below one time or six-month structure of amount) (Check one)

Requested as a one-time lump sum

Requested as structured payments over six (6) months

Secretary of Chapter \_\_\_\_\_

Secretary's Address \_\_\_\_\_

#### **Member in Need:**

Name of Member \_\_\_\_\_

Address of Member \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_ email \_\_\_\_\_

Is a member of \_\_\_\_\_ Chapter No. \_\_\_\_\_, City \_\_\_\_\_, New Mexico.

Date of Member's initiation/affiliation (circle one) \_\_\_\_\_

**SECTION II: PERSONAL FINANCIAL INFORMATION**

**MEMBER COMPLETES THIS PAGE AND THIS INFORMATION IS PRESENTED ONLY TO GRAND CHAPTER BENEVOLENT BOARD, NOT THE CHAPTER**

Page to be completed by member in need. (This page is considered confidential and is only to be read by the Grand Chapter Benevolent Board and not at the chapter level benevolent committee).

Name of Member: \_\_\_\_\_

Marital status: Married \_\_\_ Divorced \_\_\_ Single \_\_\_ Widow \_\_\_ Widower \_\_\_

Name, address, and phone of nearest relative: \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

Number of people living in household \_\_\_\_\_

Names, ages, and relation of people living in household with Member: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you, the member in need, pay 100% of monthly household expenses? Yes / No Explain: \_\_\_\_\_

Do you have insurance? Health \_\_\_ Medicare \_\_\_ Medicaid \_\_\_

Checking account balance: \_\_\_\_\_ Savings account balance: \_\_\_\_\_

ITEMIZE MEMBER'S MONTHLY INCOME FROM ALL SOURCES

ITEMIZE MEMBER'S AVERAGE MONTHLY EXPENSES

(EXCLUDE BENEVOLENT FUNDS)

Wages..... \$ \_\_\_\_\_

Mortgage/Rent payments.... \$ \_\_\_\_\_

Social Security ..... \$ \_\_\_\_\_

Retirement/Nursing Home...\$ \_\_\_\_\_

Food Stamps/TANF, etc. \$ \_\_\_\_\_

Groceries.....\$ \_\_\_\_\_

Relative/Friends/Spouse \$ \_\_\_\_\_

Utilities (mo. Aver.) .....\$ \_\_\_\_\_

Other (specify).....\$ \_\_\_\_\_

Vehicle Payments/Insurance. \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Gas/oil/transportation.... \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Doctor/Dental/Prescriptions \$ \_\_\_\_\_

Phone/Cable/Internet..... \$ \_\_\_\_\_

Credit Card/Loans, etc. ... \$ \_\_\_\_\_

TOTAL MONTHLY INCOME..... \$ \_\_\_\_\_

TOTAL MONTHLY EXPENSES...\$ \_\_\_\_\_

DIFFERENCE BETWEEN INCOME \$ \_\_\_\_\_

EXPENSES \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

AMOUNT REQUESTED FROM BENEVOLENT \$ \_\_\_\_\_

\_\_\_\_\_ (Name) \_\_\_\_\_ (Date)

SIGNED BY MEMBER ATTESTING TO THE ABOVE INFORMATION BEING TRUTHFUL AND ACCURATE

**SECTION III: STATEMENT OF NEED**

**THIS PAGE PREPARED BY MEMBER. THIS INFORMATION IS MADE AVAILABLE TO THE CHAPTER SECRETARY AND WORTHY MATRON, AND GRAND CHAPTER BENEVOLENT BOARD FOR REVIEW.**

WHEN SUBMITTING THIS APPLICATION, THE MEMBER IN NEED MUST INCLUDE A LETTER TO THE CHAPTER SECRETARY AND THE GRAND CHAPTER BENEVOLENT BOARD DESCRIBING THE CIRCUMSTANCES WHICH CREATED THE SITUATION OF NEED. IF THE FUNDS ARE NEEDED IMMEDIATELY, THIS MUST BE STATED IN THE LETTER (THE TERM OF THE SIX MONTHS WHICH WILL START ON THE SUBMISSION OF THE FIRST CHECK). IF YOU ARE REQUIRING A ONE TIME AMOUNT, THIS MUST BE STATED IN THE LETTER. THE MORE INFORMATION THE BENEVOLENT COMMITTEE HAS, THE QUICKER THE PROCESS CAN BE EXPEDITED. (THE LETTER CAN BE HAND-WRITTEN HERE OR ATTACHED AS A TYPED LETTER AND INSERTED AS SECTION III)

**SECTION IV: SIGNATURE AND SUMMARY PAGE**

**PREPARED BY THE CHAPTER WORTHY MATRON AND SECRETARY**

We, the Chapter Worthy Matron and Secretary, recommend assistance for \_\_\_\_\_.

We have met/discussed with this member the situation and make the following statement for reason of need (board— please explain from your perspective the situation in a paragraph or attach a letter).

Worthy Matron \_\_\_\_\_, Secretary \_\_\_\_\_

Of \_\_\_\_\_ Chapter No. \_\_\_\_\_

DATE: \_\_\_\_\_

(Chapter Seal)

Last part: For internal use by Benevolent Board.

Date Processed: \_\_\_\_\_ Grand Trustees Approved / Did Not Approve (Circle one)

For Approved Application:

Grand Trustee Approved \$ \_\_\_\_\_ (enter TOTAL \$ amount)

Assistance given as \_\_\_\_ As a one-time assistance OR \_\_\_\_ Per Month for 6 Months (check one. The total amount will be divided into six (6) assistance payments)

Benevolent Board Chair: \_\_\_\_\_