

Application for Assistance
Ferguson-Sawyer Benevolent Fund
Grand Chapter of New Hampshire
Order of the Eastern Star

Name _____ Date _____

Current Address _____ Telephone No. _____

City/Town _____ State _____ Zip _____

How long have you lived at this location? _____ If less than 5 years, include former address:

Age _____ Spouse _____ Age _____

Member of _____ Chapter No. _____ How long? _____

Note: Attach a copy of your current year's dues card to show that you are a member in good standing.

Reason for Assistance at this time (What has changed requiring financial help)?

Have you applied for assistance from any other source (ex: local or community resources, Old Age Assistance, S.S.I., Aid to families with dependent children, food stamps, fuel assistance, etc.)

Yes No If yes, list below

Person who may be contacted for further inquiry – if necessary
Name _____ Relationship _____
Address _____
City/Town _____ Zip _____ Telephone No. _____

