

**APPLICATION FOR ASSISTANCE FROM THE O.E.S. DISASTER FUND**

Applicant must be a member in good standing of an Eastern Star Chapter in the State of Florida. Complete form entirely. Please PRINT or TYPE.

1.) **APPLICANTS NAME:** \_\_\_\_\_

2.) **MEMBER OF:** \_\_\_\_\_ **CHAPTER NO.** \_\_\_\_\_

3.) **MAILING ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

4.) **TELEPHONE NUMBER:** \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

5.) **CELL PHONE NUMBER:** \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

6.) **EMERGENCY OR DISASTER SITUATION CAUSING THE NEED FOR ASSISTANCE:**

(Hurricane, Tornado, Fire, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7.) **DATE OF DISASTER OR EMERGENCY:** \_\_\_\_\_

8.) **LIST LOSSES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9.) **AMOUNT OF FUNDS REQUESTED:** \_\_\_\_\_ \$ \_\_\_\_\_

Mail to:

Mrs. Linda J. Dudley, Grand Secretary  
Chairman of Disaster  
Post Office Box 97  
Bonifay, Florida 32425-0097  
Telephone: 1-866-547-9199  
Fax: 1-850-547-9299

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Applicant