

**BOARD OF TRUSTEES
GRAND CHARITY FUNDS
GRAND LODGE OF IOWA A.F. & A.M.
OFFICE AT IOWA MASONIC HEALTH FACILITIES
2500 GRANT STREET, P.O. BOX 70
BETTENDORF, IOWA 52722-0002
PHONE: (563) 359-9171
FAX: (563) 359-6900**

REQUEST FOR ASSISTANCE FROM FIELD FINANCIAL AID FUND

The Field Financial Aid Fund is provided by the Grand Lodge of Iowa and administered by the Trustees of the Grand Charity Funds. The purpose is to provide financial assistance for those individuals (or families) who are recommended by an Iowa Lodge and who are determined to be qualified and worthy.

The Trustees normally **will** consider the funding of grants only when aid is also provided by the recommending Lodge and other Masonic orders.

FOR YOUR INFORMATION:

All Field Financial Aid is coordinated by the Executive Director, Iowa Masonic Health Facilities, 2500 Grant Street, P.O. Box 70, Bettendorf, Iowa 52722-0002. Telephone is (563) 359-9171, fax (563) 359-6900.

1. All Field Financial Aid requests are one - time grant requests. You must send a separate form for each request.
How much are you requesting from the Grand Charity Funds? \$ _____
How much will your lodge contribute? \$ _____

Please type or print your responses to the following:

If more space is needed to answer any question, please attach a statement.

2. Name and address of lodge requesting Field Financial Aid:

3. Name, address and telephone number of person (s) for whom aid is requested:

4. Does the person (s) have a Masonic relationship? If yes, describe. (Name of Person, Lodge, Town)

5. Please provide a description of the specific need(s) of this person or family including the cause for the need, the need itself, and the efforts being made to alleviate the need. (You may attach a separate sheet in response to this question.)

6. **Has the person (s) for whom aid is requested applied for or is now receiving government or community assistance of any kind? (Medicare, Medicaid, Aid to Dependent Children/and Families, disability payments, Supplementary Security Income, etc.) List below which of the above is being received and the amount.**

Explain: _____

7. **Please attach a detailed monthly income and expense sheet for the individual or family, including all sources of income and all expenses. (You may use a separate sheet for this submission.)**

8. I verify that the information provided herein is accurate to the best of my knowledge.

Signature of Investigating Party

Date

9. **Brother** _____
(Name & Address)

has been appointed to serve as trustee for the disbursement of funds by the lodge.

10. This application for Field Financial Aid **was approved by a vote of the lodge at** _____
at a stated communication **held on** _____, and such action was made part of the minutes.

**RETURN FORM TO:
IOWA MASONIC HEALTH FACILITIES
P.O. BOX 70
BETTENDORF, IOWA 52722-0002**

**Print name, address & telephone number
of Worshipful Master**

X _____
Worshipful Master Signature

**Print name, address & telephone number of
Lodge Secretary**

X _____
Secretary Signature

(AFFIX LODGE SEAL HERE)

(LODGE DOES NOT FILL IN BELOW)

Date Approved: _____ Total amount FFA approved: \$ _____

Grand Charity Contribution	Lodge Contribution	Others
	\$ _____ Monthly	\$ _____ Monthly
	\$ _____ Quarterly	\$ _____ Quarterly
\$ _____ One Time Grant	\$ _____ One Time Grant	\$ _____ One Time Grant

Chairman, Grand Charity Board

Secretary