

# APPLICATION FOR ASSISTANCE FROM THE CORONAVIRUS/R.E.S.T. FUND

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

1. APPLICANT'S NAME: \_\_\_\_\_

2. MEMBER OF: (CHAPTER NAME & NO. \_\_\_\_\_

3. MAILING ADDRESS: \_\_\_\_\_

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

4. TELEPHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

5. EMAIL ADDRESS: \_\_\_\_\_

6. EMERGENCY SITUATION CAUSED BY CORONAVIRUS: \_\_\_\_\_

\_\_\_\_\_

7. ARE YOU CURRENTLY RECEIVING UNEMPLOYMENT? \_\_\_\_\_

8. LIST NEEDED ASSISTANCE: \_\_\_\_\_

\_\_\_\_\_

9. AMOUNT OF FUNDS REQUESTED \$ \_\_\_\_\_

10. ADDITIONAL COMMENTS (IF DESIRED)

\_\_\_\_\_

\_\_\_\_\_

Mail to:  
Nancy Riley, PGE  
600 N. Hubbard St.  
Bonifay, FL 32425  
(850) 596-4645  
Email: njriley1@yahoo.com

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

Printed Name of Applicant: \_\_\_\_\_