

APPLICATION FOR ASSISTANCE FROM CORONAVIRUS 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: (Financial) _____

9. AMOUNT OF FUNDS REQUESTED \$ _____

10. ADDITIONAL COMMENTS (IF DESIRED) _____

Mail to:

Theresa Mouer, PGM Chairman
111 Villacrest Dr.
Crestview, FL 32536
(850) 865-6435
Email: **rtmouer@gmail.com**

Patricia Benedict Co Chairman
2248 Sunrise Blvd
Ft Myers, FL 33907
(239) 939-5363
Email: **pat_benedict@yahoo.com**

Signature of Applicant: _____

Printed Name of Applicant: _____