

**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:

Brenda Keepin

Grand Secretary

PO Box 1518

Lynn Haven, FL 32444

Telephone: 850-571-3065

Email - [oesflgs@gmail.com](mailto:oesflgs@gmail.com)

Form 2026-2 FORM REV. 03/2020

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

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