

**APPLICATION FOR RELIEF
OES RELIEF FUND
GRAND CHAPTER OF MISSISSIPPI**

I, _____, a member in good standing of _____ Chapter
No. _____, O.E.S. of Mississippi, hereby apply for Relief, and certify that the answers to the following
Questions are true.

1. Your age _____. Are you married?_____
2. Do you own a home?_____.
3. What has been your occupation?_____.
4. Are you able to work? _____ When do you expect to be able to return to work?_____
5. Circumstances Resulting in the requesting of relief?

Date:_____

Signature of Applicant_____

Address_____

City_____ State _____ Zip _____

OBLIGATION OF CHAPTER

We have investigated the circumstances resulting in the requesting of relief, and to the best of our knowledge, the statements made by the applicant are correct, and the member is entitled to relief. We, as a Chapter, understand that relief is limited to two (2) applications per Chapter per year beginning May 1, and ending April 30, and is limited to two(2) applications per member in a lifetime. We, as a Chapter, have enclosed \$_____ to be matched by the Grand Chapter up to \$350.00.

This the _____ day of _____, 20__.

Signed: Worthy Matron_____

Signed: Worthy Patron_____

Signed: Secretary_____

SEAL

_____ Chapter No. _____

**SEE SECOND PAGE
BOTH MUST BE FILLED OUT TO BE CONSIDERED**

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GRAND CHAPTER OF MISSISSIPPI**

Name of Applicant

Name and Number of Chapter

Mailing Address of Chapter

Received by Board: _____

Approved: _____

Funds Mailed: _____

Signed: _____ W.G.M.
Approved _____ Not Approved _____ Date _____

Signed: _____
Approved _____ Not Approved _____ Date _____

Signed: _____
Approved _____ Not Approved _____ Date _____

Signed: _____
Approved _____ Not Approved _____ Date _____

Signed: _____ Grand Secretary
Approved _____ Not Approved _____ Date _____

Form revised and approved by the Board of Trustees
July 2009