



**INFORMATION CONCERNING THE RELIEF WORK OF THE  
GRAND LODGE OF MISSISSIPPI, F. & A. M.**



**WHOAREELIGIBLE**

1. Master Masons who are members in good standing of a Mississippi Lodge and have not been suspended during the past five years prior to time of filing application.
2. Widows of Master Masons who were members in good standing of a Mississippi Lodge and had not been suspended during the past five years prior to date of death.
3. Widows and legal dependents of deceased Master Masons who were members in good standing of a Mississippi Lodge and had not been suspended during the past five years prior to date of death.

**WHOARENOTELIGIBLE**

1. A divorced wife of a Master Mason.
2. A widow of a Master Mason has no claim as a widow when she remarries. She loses the right to aid and assistance from the Fraternity.
3. The son or daughter of a Master Mason who marries.
4. A Master Mason who has been suspended at any time within five (5) years prior to date of application.

**AMOUNTLIMITED**

In order that the Grand Lodge may render the greatest assistance possible in relieving the actual needs, distress, or want, of a worthy brother, his widow or legal dependent, with the limited amount of funds, the Grand Lodge will match funds from the Subordinate Lodge up to a maximum of \$1,000.00.

In no case will the amount contributed by the Grand Lodge to any one individual exceed \$1,000.00 (monthly or lump sum) during any calendar year. Money to be matched shall only be monies contributed by the Lodge and/or its members. Monies received from the Relief Fund of the Grand Lodge shall be used for actual living expenses ONLY.

**APPLICATION FOR SUPPLEMENTAL RELIEF FROM RELIEF FUND  
OF GRAND LODGE OF MISSISSIPPI, F. & A. M.**

**THE BOARD OF MANAGERS REQUIRES AN APPLICATION FORM BE FILED  
BEFORE ACTION CAN BE TAKEN ON A CASE**

Application for relief should be filed only after a careful investigation of the proposed beneficiary's financial and physical condition has been made by a Committee appointed by the Lodge making the application. This Committee may consist of the first three officers of the Lodge, or two or more of its members.

The Master and Secretary must satisfy themselves as to the accuracy of the Committee's report and must certify to the correctness of the statements contained in the application. Misleading statements or concealment of facts will be considered sufficient cause for rejection of the application by the Board of Managers. **Every question must be fully and intelligently answered**, or the application will be returned for this information. **CHECK TO BE MATCHED MUST ACCOMPANY APPLICATION.**

**TO THE BOARD OF MANAGERS OF THE MASONIC HOME:**

Copy of Resolution adopted by \_\_\_\_\_ Lodge No. \_\_\_\_\_, F. & A. M.  
Whereas, the Lodge has through a Committee consisting of Brothers \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_,  
members of said Lodge, made a careful and thorough investigation as to the financial and physical condition of the applicant and find that \_\_\_\_\_ is in needy circumstances, and that he or she is worthy under the rules and regulations now in force by the Grand Lodge.

Now, therefore, Be it Resolved, that \_\_\_\_\_ Lodge No. \_\_\_\_\_ hereby applies to the Grand Lodge for a monthly or lump sum allowance of \$ \_\_\_\_\_ and obligates to remit to the Grand Secretary on the first day of each month or one check enclosed the sum of \$ \_\_\_\_\_ for the relief of \_\_\_\_\_.

**THIS APPLICATION MUST BE FILLED OUT IN ITS ENTIRETY.**

We, the undersigned Master and Secretary respectively of \_\_\_\_\_  
Lodge No. \_\_\_\_\_, F. & A. M., hereby certify that the foregoing is a true and accurate copy of a resolution adopted  
by the Lodge at a stated meeting held on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

Lodge  
Seal

\_\_\_\_\_  
Worshipful Master

\_\_\_\_\_  
Secretary

BE SURE CHECK TO BE MATCHED IS ATTACHED TO APPLICATION

**APPLICATION CANNOT BE CONSIDERED UNLESS ALL OF THE FOLLOWING  
QUESTIONS ARE FULLY ANSWERED**

**MASTER MASON:**

1. Name, age and address of applicant.

2. Name, number and location of Lodge of which the applicant is a member.

3. With whom is the applicant living?

4. Describe fully financial circumstances.

5. What amount per month is deemed necessary to relieve the distress of the applicant? \_\_\_\_\_

6. State fully reason relief is needed. Please complete to assist Board of Managers in determining the worthiness of the application. \_\_\_\_\_

7. Does applicant own his home? \_\_\_\_\_

8. If so, what is the value? \_\_\_\_\_

**WIDOW OR DEPENDENT:**

1. Name, age and address of applicant.

2. Relationship of applicant on whose membership claim is based (wife or dependent).

3. Name of husband or father. \_\_\_\_\_

4. Name and location of Lodge the husband, or father, was a Mason in good standing five (5) years prior to his death.

5. Date of death of husband or father. \_\_\_\_\_

6. With whom does the applicant live? \_\_\_\_\_

7. Does applicant own his/her home? \_\_\_\_\_

8. If so, what is the value? \_\_\_\_\_

Approved: \_\_\_\_\_  
Grand Secretary/Secretary Board of Managers

Date: \_\_\_\_\_, 20 \_\_\_\_