

# **Application for Orphans Financial Relief Overview and General Instructions**

## **Overview**

Orphans Relief is a program of charitable grants that provides either regular/periodic or one-time lump sum payments, funded through the generous support of the Michigan Masonic Charitable Foundation and sponsoring Lodges of the Grand Lodge of Michigan. The Program is administered by the Orphans Committee of the Grand Lodge on behalf of the Michigan Masonic Charitable Foundation.

## **Objective**

The objective of the Orphans Relief Program is to provide financial assistance to an orphan, supplementing the efforts of the guardian or custodian, thereby aiding in the security and welfare of the child.

## **Who Is Eligible?**

- (a) Children under the age of eighteen years, whose father was a Master Mason in good standing at the time of his death.
- (b) Children under the age of eighteen years, whose father is a Master Mason, provided, such Master Mason is incapacitated and was in good standing for at least five years prior to his incapacity.
- (c) Children under the age of eighteen years, whose grandfather is or was, at the time of his death, a Master Mason in good standing and whose father is deceased or not contributing to their support.

## **Lodge Obligations**

The lodge has the responsibility to conduct an investigation verifying the applicant's need and to ballot on a recommendation to the Orphans Committee.

Lodges sponsoring grants for Orphans Relief are responsible for contributing 10% of the grant, up to an annual maximum of \$500 per grant. The sponsor's portion of the grant must be received by the Michigan Masonic Charitable Foundation prior to the payment of the grant to the beneficiary by the Foundation.

## **Grant Limitations.**

There will be no grant of Orphans Relief for periods in excess of one year. Payment of a grant will automatically cease at the end of the grant period. A sponsoring lodge may apply for additional grants for a beneficiary as the sponsor deems necessary and appropriate.

It should be clearly understood that approval for participation in the Orphans Relief Program does not represent a guarantee of indefinite future support nor should payments be regarded in any way as ongoing. Participation in the program may be discontinued at any time at the sole discretion of the Orphans Committee.

Lodges are encouraged to seek out more specific information contained in §14 of the Blue Book of Michigan Masonic Law. For more information please contact the Michigan Masonic Charitable Foundation.

## **Application for Orphans Relief Overview and General Instructions (Continued)**

### **Instructions**

- The form must be completed as thoroughly as possible.
- Do not leave any items blank. If the requested information does not apply to you, write “N/A” in the respective blank.

### **Lodge Instructions**

- Provide a detailed explanation of the circumstances, hardships and events giving rise to the applicant’s need as an addendum to the application.
- Determine whether the applicant has sought financial assistance from other sources, including other family, county and/or state agencies. If assistance has been provided, include a description and the amount provided.
- The Investigation Committee Report should be completed and signed by the designated chair of the committee. This is then presented to the lodge officers along with the application for their review.
- The Officer’s Certificate is completed and presented, along with the application, to the Lodge at its next meeting. The Officer’s Certificate is the attestation that the applicant deserves the grant.
- Having received the Officer’s Certificate, the Lodge or Chapter ballots to recommend the application to the Orphans Committee.
- If the ballot is approved the Lodge Resolution must be completed and returned to the Michigan Masonic Charitable Foundation along with all other application materials, for action by the Orphans Committee according to its established procedures.

**The Michigan Masonic Charitable Foundation**  
**Application for Orphans Relief**

**General Information**

Full Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Telephone # \_\_\_\_\_

**Fraternal Relationship**

Name of Father or  
Grandfather: \_\_\_\_\_  
Lodge (Name & #): \_\_\_\_\_

**Parent or Guardian**

Full Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date of  
Guardianship: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Telephone # \_\_\_\_\_

# APPLICATION FOR ORPHANS RELIEF CONT.

## Financial Information

### Assets

- 1) Cash on hand \_\_\_\_\_
- 2) Cash in checking account \_\_\_\_\_
- 3) Cash in savings account \_\_\_\_\_
- 4) Real Estate
  - a. Primary home
    - i. Market value \_\_\_\_\_
    - ii. Less mortgage balance \_\_\_\_\_ = \_\_\_\_\_
  - b. Land \_\_\_\_\_
  - c. Other (attach list, if any) \_\_\_\_\_
- 5) Stocks, bonds or investments (list on back) \_\_\_\_\_
- 6) Life, accident or disability insurance policies (list on back) \_\_\_\_\_
- 7) Other Assets, including Retirement Funds (attach list, if any) \_\_\_\_\_
- Total Assets** \_\_\_\_\_

### Liabilities

- 1) Mortgage(s) balance \_\_\_\_\_
- 2) Auto or other equipment loan(s) balance (attach list, if any) \_\_\_\_\_
- 3) Other liabilities (attach list, if any) \_\_\_\_\_
- Total Liabilities** \_\_\_\_\_

### Monthly Income

- 1) Salaries and Wages \_\_\_\_\_
- 2) Self-employment earnings \_\_\_\_\_
- 3) Retirement income \_\_\_\_\_
- 4) Disability income \_\_\_\_\_
- 5) Other income (attach list, if any) \_\_\_\_\_
- Total Monthly Income** \_\_\_\_\_

# APPLICATION FOR ORPHANS RELIEF CONT.

## Monthly Expenses

- 1) Mortgage(s)/Rent \_\_\_\_\_
  - 2) Education \_\_\_\_\_
  - 3) Utilities \_\_\_\_\_
  - 4) Medical \_\_\_\_\_
  - 5) Other expenses (Groceries, Insurance - attach list, if any) \_\_\_\_\_
- Total Monthly Expenses** \_\_\_\_\_

Please give an explanation of specific needs:

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Are you receiving any financial support or benefits from any local, state or federal agency? Are you receiving benefits from any other society or organization? If so, provide the name of the organization and amount of the benefit:

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## **Affirmation**

I declare all the information included in this application to be true to the best of my knowledge and understand that any untruthfulness or evasion in any of my answers to the questions, any concealment, or any misrepresentation as to my financial means or property set forth in this application, will be sufficient reason for the rejection or stoppage of relief funds should the facts become known. With this understanding I hereby apply for funds from the Orphans program through the

Lodge (Name & #): \_\_\_\_\_

Parent or  
Guardian: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**MEMBERSHIP RECORD of Masonic Relative of applicant  
(To be completed by Secretary of Lodge)**

Brother: \_\_\_\_\_

Date of Raising: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

From: \_\_\_\_\_

Lodge No: \_\_\_\_\_

Located at: \_\_\_\_\_

Date of Death \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Has the Lodge ever rendered financial assistance to the applicant? [ ] Yes [ ] No

If yes, provide dates, amount and reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Lodge Secretary

\_\_\_\_\_  
Date

## INVESTIGATION COMMITTEE REPORT

To the Worshipful Master, Wardens and Brethren of:

Lodge (Name & #): \_\_\_\_\_

A committee was appointed to investigate the foregoing application for Orphans Relief funds for:

Applicant: \_\_\_\_\_

The following members of the Committee have personally visited the applicant.

Name	Address
_____	_____
_____	_____
_____	_____

The committee verifies that the application has been completed in its entirety, is representative of the applicant's current state of affairs and further verifies the answers to the following question:

1) Is applicant in definite need of financial assistance?

Yes    No

If "Yes" explain: \_\_\_\_\_

The committee has reviewed this application for Orphans Relief Funds and warrants to the best of its ability that all information is correct, without misrepresentation and/or concealment of facts and hereby recommends  approval  denial of this application.

\_\_\_\_\_  
Investigating Committee Chair

\_\_\_\_\_  
Date



**OFFICERS' CERTIFICATE**

WE, as members and officers in good standing of

\_\_\_\_\_ Lodge No. \_\_\_\_\_

hereby certify we are personally acquainted with the needs of:

\_\_\_\_\_

the Orphan child/grandchild of a member in good standing of this Lodge, and we swear on knowledge, information or belief, that applicant is a deserving and dependent member of our Order, and therefore recommend a grant of orphans relief in the amount of \$ \_\_\_\_\_ per month of which the Lodge will contribute \$ \_\_\_\_\_ per month. We further understand and accept responsibility for reviewing this applicant's need for continuance of these funds on a no less than annual basis.

_____	_____
Name	Office
_____	_____
Name	Office
_____	_____
Name	Office

To be signed by the three principal officers of the Lodge.

## LODGE RESOLUTION

At a stated meeting of \_\_\_\_\_ Lodge, No. \_\_\_\_\_ held at \_\_\_\_\_, Michigan, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, the following preambles and resolutions were adopted:

WHEREAS, \_\_\_\_\_ of this Lodge has made application for a grant from the Orphans Relief Fund of the Michigan Masonic Charitable Foundation; and

WHEREAS, from our knowledge of the applicant's circumstances, habits and conditions, and from investigation, which we have caused to be made, we believe him/her to be eligible and worthy of having application granted;

THEREFORE, RESOLVED, that this Lodge fraternally recommends the granting of orphans relief from said fund;

AND FURTHER RESOLVED, that in the event of the approval of this application by the Orphans Committee, this Lodge hereby agrees:

That if the Orphans Committee shall decide to grant to said applicant any sum or sums from said Orphans Relief Fund, this Lodge will pay to the Michigan Masonic Charitable Foundation **10%** of the amount of relief fixed by the Committee, not to exceed \$500.

That upon notification of the action of the Committee, this Lodge shall send its share ***before the first of each month***. Payment of Relief to the beneficiary may be delayed by the Committee until the remittance from the Lodge shall have been received by the Michigan Masonic Charitable Foundation.

We further agree to keep in touch with the applicant and family or guardian; to reinvestigate applicant's situation and circumstances at least as often as once every year, and promptly to advise the Committee as to what has been learned by such subsequent investigation.

\_\_\_\_\_ W.M.

\_\_\_\_\_ Secretary