VASA ORDER OF AMERICA

A SWEDISH AMERICAN FRATERNAL ORGANIZATION

Application for Financial Assistance from OLD AGE AND BENEFIT FUND

(Do not write in this space)

Petition No. ……

LOCAL Lodge No. ……

Check No. ……

To be completed by the Local Lodge:

Name of Lodge…… #…… District # ……

Applicant's Name……

Applicant's Address……

Applicant's age……..Date of Initiation……Membership Number……

Is applicant in good standing in Lodge?.....

Amount this Applicant has previously received from the O.A.B. Fund: $.....

To be completed by the Applicant:

(If applicant is unable to write: a family member or local lodge secretary may assist in completing the form.)

DESCRIBE THE NEED FOR FINANCIAL ASSISTANCE IN DETAIL. (If medical or dental, does your health insurance cover these expenses? If you have Medicare, do you have a supplemental plan?) Describe, in detail, expenses **NOT** covered by any insurance.

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Dated…… 20……. ……

Signature of applicant

To be completed by the Local Lodge:

This is to certify that the foregoing petition to the Old Age and Benefit Fund of the Grand Lodge has been carefully investigated by us and we warrant that the statements contained herein are true and recommend financial assistance in the amount of $..... (see Matrix for eligible amount.)

Dated…… 20…… at …… (affix LOCAL LODGE SEAL here)

(City and State)

Signed…… …… ……

Signature of **Chairman** Signature of **Secretary** (print Secretary's name)

…… ……

(Mailing Address of Secretary) (Email Address or Telephone number of Secretary)

Mail completed application to the Grand Secretary: Marlene Patient, 337 River Street, Leicester, MA 01524

(Do not write below this line)

The within petition is approved and payment of $..... is hereby authorized Date……20……..

…… ……

Grand Master **Grand Secretary**