

## 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 ageDate of Initiation   | on                                  | Membership Number  |
| Is applicant in good standing in Lodge?   |                                     |  |
| Amount this Applicant has previously re-  | ceived from the O.A.B. Fund: \$     |  |
| To be completed by the Applicant:<br>(If applicant is unable to write: a family | member or local lodge secretary m   | nay assist in completing the form.)  |
| these expenses? If you have Medicare, by any insurance.                         | do you have a supplemental plan?)   | dental, does your health insurance cover<br>Describe, in detail, expenses <b>NOT</b> covered |
|   |                                     |  |
|   | Signature                           | of applicant   |
| To be completed by the Local Lodge:   |                                     |  |
| This is to certify that the foregoing petit                                     | ion to the Old Age and Benefit Fund | d of the Grand Lodge has been carefully  |
| investigated by us and we warrant that t  | the statements contained herein ar  | e true and recommend financial assistance in   |
| the amount of \$  | (see Matrix for eligible an         | nount.)  |
| Dated 20 at .   | (City and State)                    | (affix LOCAL LODGE SEAL here)  |
| Signed  |                                     |  |
| Signature of <b>Chairman</b>  | 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 l  | nereby authorized | Date20                         |  |  |

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