Vermont Eastern Star Home, Inc.

Grant Application

Incomplete applications will be returned for more information.
Please read the page of Instructions before filling out the application.
All information given is confidential to the board members.

Name of Applicant _____ Date _____

Address _____ Town _____ State _____ Zip _____

Phone _____ Cell _____ Email _____

Are you a member of or related to a member of the Order of the Eastern Star? _____

Have you requested assistance from this fund previously? _____

How did you hear about us? _____ May we contact recipient? _____

Name of person requesting Grant (it other than applicant) _____

Address _____ Phone _____ Email _____

Amount of Grant _____ Purpose of Grant _____

Documentation: copies of unpaid bills or estimates must be attached.

Please attach a list of other agencies, etc. contacted for assistance (ie: state listing of programs available, Senior Solutions, Sash, community programs, military if applicable, churches and other religious groups, Lion's Club for glasses, etc.) See worksheet page

Military Service (any household member) _____

Occupation (all household members) _____

Entire household income (ie: reportable income from all sources) **See worksheet page**

Include a list of monthly expenses. **See worksheet page**

Please indicate what you have for Insurance. _____

Signature of Applicant – Must match the top line. _____

This application may be given to any board member or mailed to:

Deborah F. Litchfield, PGM
Sec. Board of Trustees
Vermont Eastern Star Home, Inc.
PO Box 1113
West Townshend, VT 05359

Tel: 802-874-4957
Email: deboralitchfield@comcast.net

Please return this page with all pertinent information.
(confidental when completed - the blank form may be copied)
(Always keep copies of anything you send in)

Adopted 10/20/25

Vermont Eastern Star Home, Inc.

Meetings of the Board are held on the third Monday of the month except for November and December. These two meetings will be combined on the first Monday of December.

Incomplete applications will be returned for more information.

Checks will be made out to and sent to the providers of services. Please be sure that the name and address of the provider are on the bill. Bills that have been paid cannot be reimbursed.

We are now asking about military service because of the many assistance groups that are now available for our military personnel and veterans.

Because the number of requests for assistance with hearing aids, dentures and dental work has increased substantially, we reserve the right to pay a portion of the amount requested. Each application for assistance will be continued to be discussed on its own merits.

Guidelines for approving applications:

1. All charitable requests must have a 501 (c) (3) status to be IRS approved.
2. We cannot give aid to chapters in financial need. (IRS ruling)
3. DeMolay is not a charitable organization and does not have a 501 (c) (3) status so therefore is not eligible. (Rainbow has achieved this status)
4. Salaries of any kind are not allowed by IRS rulings. (for in home care or anything else)
5. The following are not allowed: personal loan payments, auto loans, credit card bills, storage units, attorney fees, tombstones and nursing home care.
6. Cell phones, cable TV, internet connections, etc. are considered luxury items and cannot be considered.
7. Job related tuition may be considered.

Funding priorities:

A person with the financial ability to pay a bill or bills and they have exhausted all other known means of help.

A person or family whose medical needs require assistance and they have exhausted all other known means of help.

A person or family whose physical needs require assistance and they have exhausted all other known means of help.

Please consider carefully what is charitable and what is not. Sometimes someone may be in need but if it is not a truly charitable need, we should not consider it as we could lose our IRS rating if audited. **(read this page for information only – it goes not have to be returned**

Vermont Eastern Star Home, Inc.

Information Page

Monthly living Expenses:

Housing: _____
Taxes: _____
Electric: _____
Fuel: _____
Heat: _____
Cooking Fuel: _____
Water/Sewer: _____
Phone: _____
Cell: _____
Internet: _____
Cable _____
Pet Care: _____

Car:
Payment: _____
Insurance: _____
Fuel: _____
Upkeep: _____
Groceries: _____
Laundry: _____
Medical: _____
Insurance: _____
Physical: _____
Dental: _____
Hearing: _____

OTHER: _____

Total of all monthly expenses: _____

Entire Household Income from all sources._____

_____

Other Agencies or Groups contacted for assistance:

Name	Yes or No

THIS PAGE MUST BE FILLED OUT AND RETURNED WITH THE APPLICATION

(See other side)

Vermont Eastern Star Home, Inc.

Your Storey