

**APPLICATION
TO
MASONIC GIRLS BENEFIT FUND
MASONIC BOYS BENEFIT FUND**

Telephone 01 6796799 / 6795465
Fax 01 609089

17/19 Molesworth Street,
Dublin 2.

CANDIDATE/S

Surname First Names Sex Date of Birth School/College/University

.....
.....
.....

Address

Father's Name

Occupation Date of Death

SISTERS AND BROTHERS OF CANDIDATE/S

Surname First Names Date of Birth School/College/University/Occupation

.....
.....
.....
.....

MOTHER

Name Marital Status

Address

Telephone Number Occupation

LIVING FATHER (In cases of severe financial distress and where funds permit)

Name

Address

Initiation Date Lodge Number Meeting Place

LODGE ALMONER'S REPORT

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.....

LODGE RECOMMENDATION

We, the undersigned officers of Masonic Lodge No. meeting in.....
hereby certify that Brother is/was a Subscribing Member of this Lodge
from up to This application was approved by the Lodge
at its meeting on the..... day of

..... Worshipful Master
..... Almoner
..... Secretary

PROVINCIAL RECOMMENDATION

I recommend this application for favourable consideration.

..... P.G.L. Almoner
..... Date
..... Province

Copies of the following certificates must accompany this application

1. Candidate/s Birth Certificate/s
2. Parents' Marriage Certificate
3. Father's Death Certificate - when appropriate

Applications are normally considered four times per year.
A visit will be made to the family to assess the various needs.

IF Deceased Incapacitated Father

REVIEW FORM (A)
MASONIC GIRLS AND BOYS BENEFIT FUNDS

Lodge No	Name of Child/Children
Name	
Address	

<u>STATE INCOME</u>	PER ANNUM Stg£/€
Bereavement Benefits	
Widowed Parents Allowance	
Widow's Benefit/Pension	
Family Benefits	
Child Benefit	
Child Tax Credits	
Working Family Tax Credits	
Retirement Benefits	
State Retirement	
Pensioners Credit	
Disability Benefits / Incapacity Benefits	
Disability Living Allowance	
Invalid Care Allowance	
OTHER INCOME	
Works Pension (Gross Per P60) please enclose P60	
Salary from Employment (Gross Per P60) please enclose P60	
Wife's/Partner's Income (Gross Per P60) if Applicable. please enclose P60	
Rental Income	
Land	
House	
Other Property	
Interest on Investments	
Dividend Income	
Self Employment Income	
Statement on Single Farm Payments	
Any Other Income – Please Give Details	
GRANTS/BURSARIES/SCHOLARSHIP RECEIVED	
Secondary Education Grants	
Third Level Education Grants	
Any Other Grants/Bursaries	
Details on Grants/Bursaries	
Any Other Masonic Assistance	
TOTAL INCOME	

ANNUAL EXPENDITURE (Exclude Business Expenses)	
Income Tax	
PAYE & PRSI / NIC	
Private Dwelling Mortgage / Rent	
Mortgage Protection	
Rates	
House Insurance	

Car Insurance	
Car Tax	
ANNUAL EXPENDITURE Continued ...	
Medical Insurance	
Life Insurance	
Pension Contributions	
Phone	
Electricity / Gas	
Health Expenses	
LOANS – OTHER THAN BUSINESS LOANS	
Education	
Cars	
Home Improvements	
Other – Please Specify	
TOTAL EXPENDITURE	

Description of Asset	ASSETS HELD PERSONALLY			ASSETS ON BALANCE SHEET		
	Cost/ Valuation Stg£/€	Loan Balance Stg£/€	Repayment 12 Months Stg£/€	Cost/ Valuation Stg£/€	Loan Balance Stg£/€	Repayment 12 Months Stg£/€
Land - No of Hectares ()						
Private Dwelling						
Business Premises						
Other Premises						
Plant & Machinery						
Fixtures & Fittings						
Motor Vehicles						
Investments						
Cash at Bank						
Other Asset – Please Specify						
TOTALS						

EDUCATIONAL COSTS			
Name of Student			
Educational Establishment			
Fees			
Uniform			
Books			
Travel Costs			
Living Away From Home			
TOTALS			

ANY OTHER INFORMATION

Signed _____ Parent/Beneficiary/Guardian Date _____

Phone (Day) _____ (Evening) _____

I certify that I have met with the above and confirm the details shown.

Signed _____ Almoner/Secretary Date _____

Phone (Day) _____ (Evening) _____

* Delete any section which is not applicable

Please return form by:

REVIEW FORM (B) *Living father Form*
MASONIC GIRLS AND BOYS BENEFIT FUNDS

Lodge No	Name of Child/Children
Name	
Address	

	PER ANNUM Stg£/€
INCOME (Evidence of Income Required)	
Works Pension (Gross Per P60) please enclose P60	
Salary from Employment (Gross Per P60) please enclose P60	
Wife's/Partner's Income (Gross Per P60) if Applicable please enclose P60	
Child Benefit	
Social welfare or Income Support (Please specify)	
Rental Income	
Land	
House	
Other Property	
Interest on Investments	
Dividend Income	
Self Employment Income – Copy of Accounts	
Statement on Single Farm Payments	
Any Other Income – Please Give Details	
GRANTS/BURSARIES/SCHOLARSHIP RECEIVED	
Secondary Education Grants	
Third Level Education Grants	
Any Other Grants/Bursaries	
Details on Grants/Bursaries	
Any Other Masonic Assistance	
TOTAL INCOME	

ANNUAL EXPENDITURE (Exclude Business Expenses)	
Income Tax	
PAYE & PRSI / NIC	
Private Dwelling Mortgage / Rent	
Mortgage Protection	
Rates	
House Insurance	
Car Insurance	
Car Tax	
ANNUAL EXPENDITURE Continued ...	
Medical Insurance	
Life Insurance	
Pension Contributions	
Phone	
Electricity / Gas	
Health Expenses	
LOANS – OTHER THAN BUSINESS LOANS	
Education	
Cars	
Home Improvements	
Other – Please Specify	
TOTAL EXPENDITURE	

Description of Asset	ASSETS HELD PERSONALLY			ASSETS ON BALANCE SHEET		
	Cost/ Valuation Stg£/€	Loan Balance Stg£/€	Repayment 12 Months Stg£/€	Cost/ Valuation Stg£/€	Loan Balance Stg£/€	Repayment 12 Months Stg£/€
Land - No of Hectares ()						
Private Dwelling						
Business Premises						
Other Premises						
Plant & Machinery						
Fixtures & Fittings						
Motor Vehicles						
Investments						
Cash at Bank						
Other Asset – Please Specify						
TOTALS						

EDUCATIONAL COSTS			
Name of Student			
Educational Establishment			
Fees			
Uniform			
Books			
Travel Costs			
Living Away From Home			
TOTALS			

ANY OTHER INFORMATION

Signed _____ Parent/Beneficiary/Guardian Date _____
 Phone (Day) _____ (Evening) _____

I certify that I have met with the above and confirm the details shown.

Signed _____ Almoner/Secretary Date _____
 Phone (Day) _____ (Evening) _____

Form to be Returned by: