



## Ray of Hope Fund

“Please complete this form no later than 30 days before assistance funds are needed. This application will be considered by the Grand Executive Committee within the next two weeks. You will be informed as to their decision in writing within thirty (30) days of receipt of this application.” *Assistance is dependent on fund availability.* All requests are confidential. Assistance may be requested more than once, however, first time requests will be given preference.

Name

Email address

Assembly

Payment Plan request

Assistance request

- Amount \_\_\_\_\_
- Purpose \_\_\_\_\_
- Other \_\_\_\_\_
  
- Previous assistance \_\_\_\_\_
- Current assistance
  - Time period received \_\_\_\_\_
  - Amount \_\_\_\_\_
  - Type of assistance received \_\_\_\_\_