



1240 Keller Parkway, Suite 200
Keller, TX 76248
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www.mcfstx.org

Widow's Application for Hurricane Beryl Assistance through the Blue Slipper Program

Application Requirements & Procedures

- The applicant must be a Widow of a Texas Master Mason in good standing at the time of his death.
- Approval is based solely on need.
- All questions must be answered fully and completely.
- The Lodge of the deceased Brother should sponsor the application on behalf of the Widow.
- Funding will not exceed \$1,500 per widow.
- The Widow will be notified by email of her approval status from MCFS.
- The ultimate determination will be made by MCFS in its sole discretion.
- All applications must be submitted to MCFS for consideration no later than December 31, 2024.
- **Completed applications can be emailed to amy@mcfstx.org or mailed to MCFS at 1240 Keller Parkway, Suite 200, Keller, TX 76248.**

CHECKLIST

- Each question answered on the application.
- Signature of either Worshipful Master, Lodge Secretary or District Deputy is REQUIRED on Page 1.
- Signature of Widow Applicant is REQUIRED in the Authorization section on Page 2.
- Signature of Widow Applicant is REQUIRED in the Consent for Release of Information on Page 2.

If you need assistance beyond the \$1,500 Hurricane Beryl relief, please apply for consideration through our Blue Slipper Program.

**That application can be completed online at
<https://www.masonichometx.org/the-blue-slipper-program>**



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WIDOW'S PERSONAL DATA To be completed by applicant. Please print clearly.	
Last Name	First Name
Street Address	Apt #
City	Zip Code
Phone Number	
Date of Birth	Email Address:

LODGE INFORMATION Deceased Husband's Information	
<i>Deceased Husband's Lodge Name & Number:</i>	
Deceased Husband's Name	Date of Passing
Lodge Street Address	
Lodge City	Lodge County
Zip Code	Lodge Phone Number
Best Lodge Phone Number	Alternate Lodge Phone Number
Lodge Email	
I certify that the applicant's deceased spouse was a Master Mason in good standing (all dues paid) on the date of his death and that this applicant is a worthy applicant in need of assistance. ONE OF THE FOLLOWING SIGNATURES IS REQUIRED	
Worshipful Master (Signature)	Date
Secretary (Signature)	Date
District Deputy (Signature)	Date



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What damages were caused by the hurricane & how much will it cost to fix?

List in order of importance.

1.	2.	3.
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Details: Describe the damage caused and attach photos if possible.

Include the type of dwelling or vehicle (like a condo, mobile home, apartment or house, or a car or truck).

AUTHORIZATION

I attest that this assistance is needed and the information presented in this application is true to the best of my knowledge. I acknowledge that Masonic Children & Family Services of Texas (MCFS) will rely on the information in this application while making its decisions about this request. I authorize MCFS to consult with, or release information to, any person whom they deem necessary to verify this information and the request. I understand it is sometimes necessary for MCFS to do this in order to make its decision about my request.

This authorization expires one year from the date below.

** SIGNATURE OF APPLICANT **

Date



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Masonic Children & Family Services of Texas Consent for Release of Information

I, _____, voluntarily and hereby give permission to The Grand Lodge of Texas and Masonic Children & Family Services of Texas to release (1) my application; (2) information from my application; and (3) any records, including documents, information, photographs or film which I have provided to, or allowed to be taken by, Masonic Children & Family Services of Texas at this time or may provide, or allow to be taken, at any time in the future (including Individually Identifiable Health Information) and for any information which Masonic Children & Family Services of Texas may receive from third parties to any third party provider services which I am seeking through any Masonic Children & Family Services of Texas program and to any social worker conducting a needs assessment or creating or revising a plan of treatment. I further give my permission to release (1) my application; (2) information from my application; and (3) any records, including documents, plan of treatment information, length of treatment information, photographs or film which I have provided to, or allowed to be taken by, any third-party provider or social worker to Masonic Children & Family Services of Texas. I further understand and agree that all such information may be used for budget balancing, and service development.

I further understand and agree that all such information shall be the property of Masonic Children & Family Services of Texas and may be used by Masonic Children & Family Services of Texas for public development and awareness, publicity items, brochures, promotional materials and media releases.

I further understand and agree that in order to receive services under the Masonic Children & Family Services of Texas program, my application may have to be reviewed and approved by one or more members of the Masonic Fraternity and/or Masonic Lodge. I hereby consent to the release of my application for those purposes.

I agree to save and hold harmless The Grand Lodge of Texas, Masonic Children & Family Services of Texas, their officers, directors, staff and other personnel and agents from any and all action results from this consent.

** SIGNATURE OF APPLICANT ** Date

MCFS Staff Signature Date