District No. 3 Lodge Assistance Program

TO REQUEST THESE FUNDS, PLEASE COMPLETE THIS APPLICATION

DATE SUBMITTED: _____ EVENT DATE: _____

NAME LODGE: _____ LODGE OR ZONE AFFILIATE _____

TELEPHONE/E-MAIL _____

PURPOSE OF REQUEST: _____

BRIEFLY DESCRIBE EVENT: _____

_____

INCOME (if applicable): _____

_____

_____

_____

TOTAL INCOME $_____

EVENT EXPENSES (Please provide receipts.)

_____ **$** _____

_____ **$** _____

_____ **$** _____

_____ **$** _____

TOTAL EXPENSES $_____

CONTACT PERSON: _____ **Telephone:** _____

E-MAIL: _____

If approved: Check payable to: _____

Address: _____

_____

_____

Mail completed form to:

Karen Olsen-Helmold
183 Evergreen Ave.
Bethpage, NY 11714

DATE REC'D FORM _____ FF# _____

Revised 6/25/2026