



GRAND CHAPTER OF DELAWARE
ORDER OF THE EASTERN STAR
ORGANIZED NOVEMBER 14, 1921



APPLICATION FOR
GRANT FROM THE BENEFIT FOR CHILDREN WITH SPECIAL NEEDS

Children with Special Needs Grants are given to individuals to assist with their quality of life. The Order of the Eastern Star does not discriminate in granting these awards based on age, race, color, national or ethnic origin or religious belief in the administration of this grant program.

1) **Eligibility**

- a) Applicants must be legal residents of the state of Delaware
- b) Applicants must be less than twenty-two (22) years of age.
- c) It is not required that the applicant or any individuals in their family be Eastern Star members.

2) **Amount and Number of Award(s):** Each award is in an amount determined each year not to exceed the amount in the *Benefit for Children with Special Needs Fund*. It is paid to the individual or their family or a vendor.

3) **Restrictions**

- a) Durable medical equipment, i.e. wheelchairs, special chairs, and standing equipment are usually covered by insurance, therefore in only unusual circumstances will these be covered.
- b) Rejections for special needs from insurance company or Nemours if at A.I. DuPont must be shown.

4) **Applications**

a) Individual

- 1) Applications may be obtained from the Grand Secretary or via the delawareoes.org website.
- 2) All applications must be completed in full; a three hundred (300) word essay on “Why I wish a grant award from the Benefit for Children with Special Needs Fund”; and three (3) letters of reference one of which must be from M.D or O.D. or social worker. The completed applications and essay plus references must be received by the Chairman of the Benefit for Children with Special Needs Fund Committee by February 15th of each year.

b) Organizational Applications

- 1) Applications may be obtained from the Grand Secretary or via the Delawareoes.org website.
- 2) All application must be completed in full, a five hundred (500) word essay on “What needs will this grant award benefit within the organization.

Applications and supporting material should be returned to the Committee Chairman by April 1, 2020.

Mrs. Rosemarie Vanderhoogt
16850 Millstone Drive
Milton, DE 19968-3930



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Date: _____

Name of Applicant _____

Address _____ City _____ Zip _____

Phone _____ Cell phone _____

For individuals: Complete and attach a three hundred (300) word essay as to why you wish this grant.

If an organization complete and attach a five hundred (500) word essay as to what needs within the organization will be benefited by this grant.

Social Security Disability Yes No

Are Medicaid benefits received Yes No

List any other insurance _____

Amount of funds needed: _____

How the funds will be used: _____

Signature of Director or Organization Head

Signature of Individual Applicant or
Parent or Power of Attorney