

**WILLIAM J. JERNICK MEMORIAL FUND
AID REQUEST FORM**

Submitting Lodge Name & Number: _____

Lodge Contact: _____ Phone Number: _____

Approved by Lodge: _____ Date: _____

Name of Aid Recipient: _____ Age: _____

Mailing Address: _____

Explain any relationship of Recipient to an Elk or our Elks Organization: _____

Explain nature of the situation and the aid requested: _____

What aid is the Lodge providing? _____

If the funds provided by the Lodge and the WJJMF do not meet the total aid requirement, how and by whom are the additional funds being raised? _____

Who will hold the donated funds and insure that the donated funds are used for the purpose stated? _____

Approvals:

Lodge Exalted Ruler: _____ Date: _____

District Chairperson: _____ Date: _____

State Chairperson: _____ Date: _____

Board Director: _____ Date: _____

Dollar amount approved: _____ Check No. _____