

ESTARL

PERSONAL INFORMATION SHEET This form must accompany both application and re-application forms

NAME: _____

CURRENT ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____

PERMANET ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____

PHONE: _____ (home) Cell: _____

E-MAIL: _____

SPONSORED BY: _____ CHAPTER # _____

SCHOOL ATTENDING: NAME: _____

ADDRESS: _____
_____ PHONE: _____

PERSON AT SCHOOL TO SEND AWARD TO: _____

SOCIAL SECURITY NUMBER: _____ AND

STUDENT ID NUMBER _____ (FROM SCHOOL YOU WILL BE ATTENDING)

DEGREE SOUGHT: _____

ESTIMATED GRADUATION DATE: _____

Sample letter from Chapter...

ESTARL

Name and address of Current ESTARL Chair: Mary Hagstrom

ESTARL Chair of WA OES address : P. O. Box 1378, Chewelah, WA 99109-1378

Phone (Cell): 509-680-3359 (also text)

Re: Application Date Dear Mary Hagstrom,

(____ Chapter Name ____) voted at their (__ date __) meeting to sponsor (_____ Name of Student _____) for an ESTARL Scholarship Award. The applicant has completed (____ schooling and is currently in the ____ level/class). They are a resident of Washington, and plans to attend (_____ School _____ include address of the College).

Please send us the application forms.

Signed by Secretary, include the Chapter Seal

Secretary,

(Remember that all information must be in by May 1st to be eligible. The application form includes sheets that help with this.)

Grand Chapter of Washington Order of the Eastern Star "ESTARL" SCHOLARSHIP APPLICATION
FORM Page 1

"Truly, I say to you, as you did to one of the least of these brethren, you did it to me." (Revised Edition Matthew 25:48)

1. Name _____ Social Sec. # _____

Educational Institution ID number: _____

2. Current Address _____

3. Permanent Address _____

4. Date of Birth _____ Martial Status _____

Number of Children _____ Ages of Children _____

5. Are you a legal resident of Washington State? _____ How Long? _____

6. Are you a registered voter in Washington State? _____ Where? _____

7. Member of _____ Church, located at _____

8. I am attending _____

I will be attending _____

9. Address of School _____

10. Denomination of School _____ Degree Pursuing _____

Full Time _____ Part Time _____ Projected Completion Date _____

11. List your Scholastic Background (Be specific: Other schools attended, degrees earned, dates: include High School and all colleges of higher learning including trade schools)

12. What is your ultimate goal in religious service? Ministry _____ Director of Religious Education _____ Mission Field _____ Director of Religious Music _____ Director of Youth Work or Leadership _____ Other (If Other, explain) _____

13. Do you plan to make this your life work? _____

14. What influence led you to make the decision to become in a religious career?

_____ 15.

Briefly state your religious philosophy in the following areas: (Answer on a separate sheet of paper or the reverse side of this one.) A. What is the need for religion in present-day living? B. How can the church become more effective in the community? C. How can the church be made to serve the needs of young people more effectively?

16. Outline the financial assistance you believe you will require. (Note: ESTARL Scholarships may only be applied to tuition, books and fees.) Tuition: \$ _____
Books: \$ _____ Fees: \$ _____
TOTAL: \$ _____ How do you plan to pay expenses not covered by a scholarship?

17. Are you now the recipient of any other scholarship, award, or grant? (Please be specific.)
Name of Award Amount Duration _____

18. Your projected yearly income \$ _____

19. Spouse's projected yearly income \$ _____

20. INFORMATION ABOUT YOUR FAMILY Parent's Names:

Are your parents responsible for your financial or living need's. Are they responsible for your sibling's financial or living needs?

Parent's Address: _____

Father's Occupation: _____ Mother's Occupation: _____

Do you have sisters and/or brothers? _____

What are their names? _____

Are any of them attending college? _____

Are any of them in religious training? _____

To what denomination do your parents belong? _____

Are your parents in sympathy with your religious training plans? _____

To what extent are your parents able to assist you financially? Please be specific?

Name of Spouse: _____

Spouse's address (if different than yours.) _____

Do you have children in the home? Name and ages of each:

Is there any other information about you or your family which has a bearing on your need for financial assistance?

21. How did you hear about the ESTARL Award Program? _____

22. List your personal interests and hobbies outside of the church.

Date Your Signature

The following data must accompany all applications and must be complete before an award will be made:

1. Copy of full academic records.
2. Letter of recommendation from each of the following: Minister; Church Leader; School Personnel; and Friend.
3. Your picture (at least 2½" x 3½")

SPONSORSHIP: (Completed application and all data must be returned to O.E.S. Chapter in time for Chapter to forward to ESTARL Chairman. ESTARL Chairman must have all information by May 1st.)

O.E.S. Chapter Name and Number _____

Seal of Chapter Recommended by Chapter Members:

_____ Signature

_____ Signature Please Note: The Order of

the Eastern Star does not discriminate on the basis of race, color, national or ethnic origin or religious belief in the administration of its scholarship program.