

Grand Chapter of Washington
Order of the Eastern Star
“ESTARL” SCHOLARSHIP APPLICATION FORM

"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. # _____

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 will attend _____

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)

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) _____

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

14. What influence led you to make the decision to become a worker in Christian Service?

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 Christianity 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

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18. Your projected yearly income Summer _____ through Spring _____
(Year) (Year)

\$ _____

19. Spouse's projected yearly income Summer _____ through Spring _____

\$ _____

20. INFORMATION ABOUT YOUR FAMILY

Parent's Names: _____

Parent's Address: _____

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

Do you have sisters and/or brothers? _____

What are their names and ages? _____

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?

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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 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.