ESTARL PERSONAL INFORMATION SHEET

This form must accompany both application and re-application forms.

NAME: _____

CURRENT ADDRESS: _ _____CITY:_____

STATE: _____ ZIP: _____

PERMANENT 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 SPONSORSHIP LETTER FROM CHAPTER

Name and address of Current ESTARL Chair: **Gloria Schwartz**

ESTARL Chair of WA OES address : **2756 David Lane, Port Orchard, WA 98367**

Phone: **360.895.9565**

Re: ESTARL Application of _____
Date
Dear Chairman,

(____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 _____ OR 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, please explain)

_____

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

14. What influence led you to make the decision to pursue 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 needs? _____
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.