

CHAPTER RECOMMENDATION

E S T A R L

NAME OF APPLICANT: _____

SSN: _____

NAME OF SCHOOL: _____

SCHOOL ADDRESS: _____

PARENT'S NAME OR LEGAL GUARDIAN _____

ADDRESS: _____

Is it the opinion of the members of this Chapter that this applicant will be dedicating his/her life to full-time religious service? Yes___ No___

Is the applicant financially able to attend college without some outside help? Yes___ No___

Is this applicant a resident of the Commonwealth of Virginia? Yes___ No___

Do the members of this Chapter recommend this applicant to apply for an award in the field of religious education? Yes___ No___

Please note any facts concerning the applicant's character, home or other influences, weaknesses as well as elements of strength, etc., which would be of value to this committee in determining whether he/she should be awarded an ESTARL Scholarship.

The Order of the Eastern Star does not discriminate on the basis of race, color, gender, national or ethnic origin or religious beliefs in the administration of its' scholarship program.

Chapter Name and No. _____

Chapter Address _____

**CHAPTER'S ESTARL COMMITTEE AS FOLLOWS:
(Signature and address)**

CHAPTER

SEAL

1. _____

2. _____

3. _____

Date: _____

Please forward this form and all relevant information to the Grand Chapter ESTARL chairman by April 1st.

Be sure to write a Chapter letter stating the recommendation.