

STUDENT ESTARL APPLICATION

(Please print or type)

LAST NAME _____

FIRST NAME _____

MIDDLE NAME _____

SS # _____

HOME ADDRESS _____

Street City State Zip Code

DATE OF BIRTH Month/Day/Year ____/____/____ MARITAL STATUS ____

NAME OF SCHOOL _____

SCHOOL ADDRESS _____ PHONE _____

CHURCH AFFILIATION Name _____ Location _____

Please list all sources and amounts of financial aid you will receive this year (extra sheet if needed)

Have you been a legal resident of Virginia, (parents) paying state taxes, for at least one year? Yes ____
No ____

Will you be a full-time student at an accredited college, university, or seminary? Yes ____ No ____

What will be the estimated cost of your schooling this year? _____

Will you be able to attend school this year without this scholarship? Yes ____ No ____

Training which you are pursuing – What will your degree be? _____

Minister ____ Missionary ____ Religious Music ____ Religious Education (Explain in detail)

REFERENCES: Give names and complete addresses of (1) your minister, (2) an official of your school, (3) a person of your choice. These people need to provide a signed and dated letter of recommendation as well as submit the character reference form.

Name and address

1. MINISTER _____
2. SCHOOL OFFICIAL _____
3. OTHER _____

Return this application, complete with the following required items, to the Eastern Star Chapter as soon as possible.

Attach:

1. An official transcript (with school seal) from your most recent academic institution. A copy is not sufficient.
2. A list of your scholastic and community extracurricular activities.
3. A letter specifying your reasons for applying for this scholarship and your qualifications.
4. A recent small photograph. (This will not be returned.)
5. Three character reference forms with their 3 written letters of recommendation.

The ESTARL applicant should fully realize that this scholarship must be applied ONLY toward education in religious training. Should the recipient withdraw from school or decide to enter another vocation, THE SCHOLARSHIP for the CURRENT YEAR is FORFEITED and MUST BE REIMBURSED IN FULL to the Grand Chapter of Virginia, Order of the Eastern Star. 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 this scholarship program.

I, _____ hereby agree to the above conditions.

SIGNATURE _____

CHAPTER SEAL PARENT SIGNATURE (if not 21) _____

DATE _____

RECOMMENDING CHAPTER _____

Grand Chapter ESTARL Committee Chairman must receive all forms by April 1st. The SEAL of the SPONSORING Chapter must be affixed to this form to be valid.