

**STUDENT ESTARL APPLICATION**  
(Please print or type)

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

MIDDLE NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

DATE OF BIRTH Month/Day/Year \_\_\_\_/\_\_\_\_/\_\_\_\_ MARITAL STATUS \_\_\_\_

NAME OF SCHOOL \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

STUDENT ID # \_\_\_\_\_

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 submitting 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 Chair, Althea Teter (8452 Middle Rd., Strasburg, VA 22657 must receive all forms by March 31, 2025. The SEAL of the SPONSORING Chapter must be affixed to this form to be valid.**