

**PERSONAL CHARACTER RECOMMENDATION  
EASTERN STAR TRAINING AWARD FOR RELIGIOUS LEADERSHIP (ESTARL)**

The person named below has submitted your name as a reference in applying to the Grand Chapter of Virginia, Order of the Eastern Star, for an ESTARL Award. **When funds are available**, this award is given to a worthy student who has chosen the field of religious service for his/her life’s work. Your recommendation to the committee will be appreciated. All correspondence is with the knowledge and permission of the applicant.

NAME OF APPLICANT \_\_\_\_\_

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

Is it your opinion that this applicant has dedicated his/her life to full time religious service? Yes\_\_ No\_\_

Is this applicant a legal resident of the Commonwealth of Virginia? Yes\_\_ No\_\_

Is this applicant able to attend college without some outside help? Yes\_\_ No\_\_

Do you personally recommend this applicant to receive an award for study in the field of Religious Education? Yes\_\_ No\_\_

**Please enclose a personal letter of recommendation** Yes\_\_ No\_\_

Please note any facts concerning the applicant’s character, home, or other influences; weaknesses as well as elements of strengths, etc., which would be of value to this committee in determining whether he/she should be awarded an award, and attach the written recommendation to this sheet.

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

SIGNATURE: \_\_\_\_\_

NAME (Please Print): \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

DATE: \_\_\_\_\_



**RETURN THIS FORM TO THE EASTERN STAR CHAPTER BELOW:**

(Chapter should fill in the following information before forwarding)

CHAPTER Sponsoring Chapter Name and No.\_\_\_\_\_

SEAL Chapter’s ESTARL Committee Chairman\_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

(Revised 2023) Date: \_\_\_\_\_