



GRAND CHAPTER OF IDAHO
ORDER OF THE EASTERN STAR

Application Form

For

**EASTERN STAR TRAINING AWARDS FOR RELIGIOUS LEADERSHIP
ESTARL**

Name of Applicant _____ Date of Application _____
(Give full name) First Middle Last

Social Security and/or Student ID Number _____

Present Address _____ Home Phone _____
Street City State ZIP

Idaho Address _____ Idaho Phone _____
Street City State ZIP

Number of ESTARL Awards received, if any, and date of years received: _____

Name and address of the sponsoring Eastern Star Chapter or the sponsoring district ESTARL Chairman: _____

Parents' Names _____

Address _____
Street City State ZIP

Parent or Parents' Occupation(s) _____

State your Masonic affiliation, if any: _____

Check type of religious training in which you are most interested: _____ Minister; _____ Missionary;
_____ Director of Religious Education; _____ Director of Youth Leadership; _____ Choir Director;
_____ Other _____

Please elaborate on the type of work you plan to do: _____

Where do you plan to take your training? _____

Institution's Address _____
Street City State ZIP

Phone No. of Institution's Financial Aid Office _____

Please provide letters of character from the references listed below:

Your Minister: Name _____
Address _____
City, State, Zip _____

An Official from Your school: Name _____
Address _____
City, State, Zip _____

Other, preferably In your chosen field: Name _____
Address _____
City, State, Zip _____

- Enclose an official academic record of your college work up to the present time of application.
- Attach your personal letter to this application. In this letter please state your personal reasons for applying for the Eastern Star Training Award for Religious Leadership. Give in your own words a general idea of your plans for the present and future.
- APPLICANT SHOULD: Completely fill out blanks for information, enclose a recent OFFICIAL Academic record with the personal letter and the three letters of character before returning this application to the sponsoring Eastern Star Chapter or the sponsoring District or Chapter ESTARL Chairman. All information must be included or the application will be rejected.

LOCAL ESTARL COMMITTEE SHOULD:

1. Assist the Applicant with any information needed for completion of this form.
2. See that the Chapter's seal is affixed.
3. See that the Application is signed by the Chapter's Worthy Matron and either the Chairman of the Chapter's ESTARL Committee or by the sponsoring District ESTARL Chairman.
4. Mail the completed application form with the sponsoring Chapter's seal, signatures of the Worthy Matron and Chapter or District ESTARL Chairman, the required Academic Record and the Applicant's personal letter DIRECTLY to the Chairman of the ESTARL Central Committee.

We hereby certify that we have screened this candidate and are of the opinion that she/he is a desirable candidate and that she/he would benefit from our assistance.

Chapter
Seal
Affixed
Here

Signed: _____
Chapter/District ESTARL Chairman

Signed: _____
Worthy Matron