



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

Student ID number _____ Is this a renewal? _____

Present Address _____
Street City State Zip

Idaho Address _____
Street City State Zip

Phone number(s) _____ email _____

Have you received another ESTARL Award? _____ If yes, which year(s)? _____

Name of the sponsoring Eastern Star Chapter or contact _____

State your Masonic affiliation, if any _____

Check the type of religious training in which you are most interested: _____ Minister _____ Missionary
____ Director of Religious Education ____ Director of youth leadership ____ Choir director
____ other _____

Which college, university, or seminary will you attend next school term? _____

School address and zip code _____

Have you been accepted? ____ For what degree or degrees are you working? _____

Phone number of Institution's Financial Aid Office _____

Church affiliation _____

LETTERS OF RECOMMENDATION

Please provide letters of recommendation from those listed below. These letters should place special emphasis on his/her impressions of your ability in your chosen field.

Your Minister Name _____

Address _____

City, State, Zip _____

An official
from your
school

Name _____

Address _____

City, State, Zip _____

Other,
preferably
in your
field

Name _____

Address _____

City, State, Zip _____

PERSONAL STATEMENT-Please state your personal reasons for applying for this scholarship and your plans/goals for the present and the future. You may include your understanding of ministry and your mission and the role of religion in present day living.

Applicant:

Please check that the following are completed:

- ☐ Application blanks filled in
- ☐ Your personal statement letter
- ☐ Sealed official transcript of grades and credits
- ☐ Three (3) letters of reference
- ☐ Return all to the Eastern Star Chapter contact

- ✓ Renewal applications, from the previous year, shall be accompanied with current transcript of grades and credits. Personal statement and references do not need to be completed.

Local ESTARL Committee should:

- ☐ Assist the applicant with any information needed to complete this form
- ☐ Application signed by the Chapter's Worthy Matron **and** Chapter or District ESTARL chair
- ☐ the Chapter's seal is affixed
- ☐ the sealed official transcript is included
- ☐ the personal statement is included
- ☐ three references are included

Mail the completed application to the Chairman of the ESTARL Central Committee by May 15

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 _____
Worthy Matron

Signed _____
Chapter/District ESTARL Chair