



ESTARL Form 15

Application: **EASTERN STAR TRAINING AWARD FOR RELIGIOUS LEADERSHIP**

**APPLICATION:** Please complete this form and return it to the sponsoring Chapter whose name and address are listed on the back

Name \_\_\_\_\_ Phone \_\_\_\_\_  
last first middle

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ Spouse's name \_\_\_\_\_

No. of Children \_\_\_\_\_ Ages \_\_\_\_\_ Church Affiliation \_\_\_\_\_

Graduate of \_\_\_\_\_ High School \_\_\_\_\_

Education beyond High School \_\_\_\_\_

School \_\_\_\_\_ Location \_\_\_\_\_ No. of Years \_\_\_\_\_

School \_\_\_\_\_ Location \_\_\_\_\_ No. of Years \_\_\_\_\_

**CERTIFY EDUCATION BY AUTHORIZING GRADE TRANSCRIPTS TO BE SENT**

**DIRECTLY TO ESTARL CHAIRMAIN** (Name and address on the back)

Are you currently serving a Church? Yes  No  Where? \_\_\_\_\_

In what capacity? \_\_\_\_\_

Check type of religious training you seek: Minister  Missionary

Director of: Church Music  Youth Leadership  Religious Education

Name and address of school where you have been accepted and will attend \_\_\_\_\_

College or Seminary \_\_\_\_\_ Complete address, including zip code \_\_\_\_\_

Will you be a FULL TIME or PART TIME STUDENT? Full Time  Part Time

What is your estimated annual family income? \_\_\_\_\_

What amount, if applicable, will be your parents contribution? \_\_\_\_\_

Other financial Aid? \_\_\_\_\_

Total Amount Available toward this school year \_\_\_\_\_

For applicants still dependent upon their parents:

Parent or Guardian \_\_\_\_\_ Phone \_\_\_\_\_  
Name

Address \_\_\_\_\_ City State Zip \_\_\_\_\_ Email \_\_\_\_\_

Total number of persons dependent upon parents \_\_\_\_\_

Is father living? Yes  No

Is mother living? Yes  No

**Three (3) character references** are required, of which two (2) must be ministers or church leaders, one (1) must be either school personnel or a prominent citizen.

(List their name, address, position on the three lines below)

**APPLICANT MUST REQUEST THAT THE THREE LETTERS OF RECOMMENDATION BE SENT DIRECTLY TO THE CHAIRMAN OF THE ESTARL COMMITTEE** (See below for name and address)

Please send this complete application, along with the following items, to the Secretary of your sponsoring Chapter

(1) a recent photo (approx. 2" by 3")

(2) a 500 word essay on "Why I am pursuing religious training and why I need an ESTARL award"

Seal of Sponsoring Chapter \_\_\_\_\_

Signature of applicant \_\_\_\_\_

Date of Chapter vote \_\_\_\_\_

Signature of parents or guardian, if applicable \_\_\_\_\_

Signature of Chapter Secretary \_\_\_\_\_

(Please Print!) Chapter Name and Number \_\_\_\_\_

(Print) Chapter Secretary \_\_\_\_\_

Chairman of ESTARL Committee \_\_\_\_\_

(Print) Secretary Address \_\_\_\_\_

Address \_\_\_\_\_

(Print) City State Zip \_\_\_\_\_

City State Zip \_\_\_\_\_

(Print) Email address \_\_\_\_\_

Email Address \_\_\_\_\_