



ESTARL

Eastern Star Training Awards for Religious Leadership Scholarship Application

THE GRAND CHAPTER OF COLORADO, ORDER OF THE EASTERN STAR (O.E.S.)
2495 S. Quebec St., #60, Denver, CO 80231-6068; Telephone No. 303-759-5936

PLEASE NOTE THE FOLLOWING MINIMUM REQUIREMENTS TO BE ELIBIBLE FOR THE SCHOLARSHIP:

1. The applicant must have completed at least two (2) years of college.
2. The applicant must be a resident of Colorado. (Attending school outside of Colorado does not negate residency. If the applicant was a resident of Colorado before attending school, this constitutes residency.)
3. The College (higher education institution) the applicant plans to attend must be regionally accredited through North Central Association of Colleges and Schools (NCA) or other Regional Accreditation Commission.
4. The applicant must be enrolled full-time at the educational institution.
5. The application must be completed, signed, and post-marked by April 16 prior to the start of the school year for which application is made.

NAME: _____
(Last, First, Middle, Maiden)

DATE OF BIRTH: ____/____/____ EMAIL ADDRESS: _____
(MM / DD / YYYY)

CELL PHONE: (____) _____ - _____ HOME PHONE: (____) _____ - _____

CURRENT ADDRESS: _____
(Street, City, ST, Zip Code)

PERMANENT ADDRESS: _____
(Street, City, ST, Zip Code)

FATHER'S NAME: _____ OCCUPATION: _____

ADDRESS: _____
(Street, City, ST, Zip Code)

MOTHER'S NAME: _____ OCCUPATION: _____

ADDRESS: _____
(Street, City, ST, Zip Code)

Do your parents assist you with your educational expenses? Yes ____ No ____

If your parents are limited in their ability to assist with your educational expenses, please explain the reason(s):

RELIGIOUS AFFILIATION: _____

TYPE OF RELIGIOUS TRAINING PLANNED: Minister ____ Director of Church Music ____ Missionary ____
Director of Religious Education ____ Other _____

(Please use an attachment if more space is needed.)

High School/College	Street, City, State, Zip Code	Years Attended	Year Graduated

TOTAL CREDIT HOURS COMPLETED AS OF DATE OF THIS APPLICATION: _____

CURRENT ACADEMIC STANDING: Sophomore ____ Junior ____ Senior ____ Other _____

INSTITUTION WHERE YOU PLAN TO USE THIS SCHOLARSHIP: _____

ADDRESS: _____

(Street, City, ST, Zip Code)

YOUR STUDENT ID: _____

ARE YOU NOW, OR HAVE YOU PREVIOUSLY BEEN, A SCHOLARSHIP RECIPIENT? Yes ____ No ____ If yes, state the name of the scholarship, amount of award, and period covered: _____

LIST OTHER TYPES OF FINANCIAL ASSISTANCE YOU ARE, OR WILL BE RECEIVING: (Type and amount)

To be eligible for the ESTARL scholarship, the following information must be included with your application:

1. Personal letter including the following:
 - a. Your goals and objectives for the future
 - b. Why you need financial assistance
 - c. Why you feel you should be selected
2. Provide three letters of recommendation, one from each category below:
 - a. Minister or religious leader
 - b. School official or teacher
 - c. Business or professional person
3. List of activities in which you are now involved and the major activities in recent school years
4. List of extracurricular work (e.g., church, clubs, etc.) Include any part-time employment you currently hold.
5. An Official Transcript from your educational institution showing the most recent quarter or semester completed. Grade reports will not be accepted.

All applications must include the above and be signed by the applicant to be considered. Applications must be post-marked by April 16 prior to the start of the school year for which the application is made.

Applicant's Signature _____ Date: _____

Mail completed application to: Grand Chapter of Colorado Order of the Eastern Star

ATTN: ESTARL Chairman

2495 S. Quebec St., #60

Denver, CO 80231-6068

The Order of the Eastern Star does not discriminate based on race, color, national/ethnic origin, age, or religious belief in administration of its scholarship program.