

ESTARL
Eastern Star Training Awards for Religious Leadership
SCHOLARSHIP APPLICATION

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

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

1. Applicant must have completed at least two (2) years of college.
2. 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. Applicant must attend educational institution as a full-time student.
5. 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: ____/____/____ SS#: _____ PHONE #:(____) _____
(Mo) (Day) (Year)

CURRENT ADDRESS: _____
(Street) (City) (State) (Zip code)

PERMANENT ADDRESS: _____
(Street) (City) (State) (Zip code)

FATHER'S NAME: _____ OCCUPATION: _____
ADDRESS: _____
(Street) (City) (State) (Zip Code)

MOTHER'S NAME: : _____ OCCUPATION: _____
ADDRESS: _____
(Street) (City) (State) (Zip Code)

Will your parents be assisting you with your educational expenses? Yes _____ No _____
If your parents are limited in their ability to assist you with your educational expenses, please explain the reasons: _____

Religious Affiliation: _____

Type of Religious Training Planned: Minister _____ Director of Church Music _____ Missionary _____
Director of Religious Education _____ Other _____

High School from which you graduated: _____ Year: _____
(Name) (City) (State)

List all colleges attended and complete addresses (if more space needed, please use attachment):

Total credit hours completed at date of this application: _____

Current Academic Standing: Sophomore _____ Junior _____ Senior _____ Other _____

Institution where you plan to use this scholarship: _____

Institution address: _____
(Street) (City) (State) (Zip)

Are you now, or have you previously been, a scholarship recipient? Yes _____ No _____

If yes, state the name of scholarship, amount of award, and period of time granted:

List other types of financial assistance you are, or will be receiving. Describe the type of assistance and give the amount. (If more space needed, please use separate attachment.)

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

1. Personal letter from the applicant including the following:
 - a. Your goals and objectives for the future.
 - b. Why you require financial assistance.
 - c. Why you feel you should be selected.
2. Three letters of recommendation, one from each of the following:
 - 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 extra-curricular work, such as with church, clubs etc. Include any part-time employment you currently have.
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 application is made.

Applicant's Signature _____ Date _____

Mail completed application to: Grand Chapter of Colorado Order of the Eastern Star
ESTARL Chairman
2495 S. Quebec St #60
Denver, CO 80231-6068

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