



SCHOLARSHIP APPLICATION

THE GRAND CHAPTER OF COLORADO, ORDER OF THE EASTERN STAR
2495 So. Quebec St. #60, Denver, CO 80231-6036 TEL: 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 (NCA) or other Regional Accreditation Commission.
4. Applicant must attend educational institution as a full-time student.
5. Application must be completed, signed, and **postmarked by April 14** prior to the start of the school year for which the application is made.

NAME: _____
(LAST) (FIRST) (MIDDLE) (MAIDEN)

DATE OF BIRTH: ____/____/____ SSN#: ____-____-____ PHONE: (____) ____-____
(MM) (DD) (YYYY)

E-MAIL ADDRESS: _____

CURRENT ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP CODE)

PERMANENT ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP CODE)

PARENTS' NAMES: _____
(FATHER) (MOTHER)

FATHER'S ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP CODE)

MOTHER'S ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP CODE)

PARENTS' OCCUPATIONS: _____
(FATHER) (MOTHER)

Will your parents be assisting you with your educational expenses: Yes No

Are you independent of your parents? Yes No

If your parents are limited in their ability to assist you with your educational expenses, please explain below:

RELIGIOUS AFFILIATION: _____

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

HIGH SCHOOL GRADUATION INFORMATION: _____
(Name) (City) (State)

YEAR OF GRADUATION: _____

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

Total credit hours completed as of application date: _____ cumulative, _____ toward degree

Current Academic Standing: Sophomore Junior Senior Other _____

Institution where you plan to use scholarship: _____

Institution address: _____
(STREET) (CITY) (STATE) (ZIP)

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

If yes (to the above), 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) Goals and objectives for the future;
 - b) Why you require financial assistance; and,
 - c) Why you believe you should be selected.
- 2) Three letters of recommendation (one from each of the following):
 - a) Minister or Religious leader
 - b) School official or professor
 - 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 engage in.
- 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 14** prior to the start of the school year for which application is made.

Applicant Signature: _____ Date: _____

Mail completed application to: Grand Chapter of Colorado Order of the Eastern Star
ESTARL Chairperson
2495 So Quebec St #60
Denver, CO 80231-6036

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.