

ESTARL RENEWAL APPLICATION

DATE: \_\_\_\_\_

Rev. 10/10

APPLICANT INFORMATION:

NAME: \_\_\_\_\_

CURRENT MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

EMAIL ADDRESS IF APPLICABLE: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

LEGAL RESIDENT OF INDIANA \_\_\_\_ YES \_\_\_\_ NO

IF YES, WHICH OF THE FOLLOWING APPLY?

\_\_\_\_ HOLD INDIANA DRIVER'S LICENSE \_\_\_\_ HAVE LEGAL INDIANA MAILING ADDRESS

\_\_\_\_ PAY INDIANA STATE INCOME TAX

EDUCATION:

Have you attended college previously \_\_\_\_ YES \_\_\_\_ NO

I yes, what is your degree? \_\_\_\_ BS \_\_\_\_ MS \_\_\_\_ PhD

Are you present attending college? \_\_\_\_ Seminary \_\_\_\_

Complete name and address of College, University or Seminary where you are currently enrolled:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMPLOYMENT:

Are you currently employed \_\_\_\_ YES \_\_\_\_ NO

If yes, give name and address of your employer:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

REQUIRED DOCUMENTS THAT MUST ACCOMPANY APPLICATION:

Official Transcript

Intent of Plans

Name of Chapter Sponsoring you \_\_\_\_\_

Thank you. Please return all documents to the Committee at the above address by March 1<sup>st</sup> for consideration. All documents are available online at [www.indianagrandchapteroes.com](http://www.indianagrandchapteroes.com)

Indiana Grand Chapter, OES  
Application for Eastern Star Training Award for Religious Leadership

The purpose of the "Eastern Star Training Award for Religious Leadership" (ESTARL) is to assist worthy young women and men who wish to devote their lives to God's Service, having graduated from an accredited high school, and having completed one (1) year of college education, but not financially able to obtain the necessary education required in their chosen field of service.

In the selection of candidates, emphasis will be placed on NEED of Financial Assistance; Character; Leadership in Christian Activities and Citizenship.

Applicant Sponsored by:

Chapter	Number	City	State

(RECENT PHOTO OF APPLICANT)

NAME OF APPLICANT:

LAST	MIDDLE	FIRST

HOME ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_  
                            MONTH        DAY        YEAR

CHURCH MEMBER:

NAME OF CHURCH	DENOMINATION	LOCATION

NAME OF PASTOR: \_\_\_\_\_

PASTOR'S ADDRESS: \_\_\_\_\_

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INDIANA GRAND CHAPTER, OES  
APPLICATION FOR  
EASTERN STAR TRAINING AWARD FOR RELIGIOUS LEADERSHIP

NAME: \_\_\_\_\_  
LAST MIDDLE FIRST

HOME ADDRESS: \_\_\_\_\_  
STREET & NUMBER CITY STATE

PRESENT ADDRESS: \_\_\_\_\_  
STREET & NUMBER CITY STATE

High School from which you graduated: \_\_\_\_\_

\_\_\_\_\_  
(Name, Location and Year of Graduation)

College: \_\_\_\_\_  
Name Location Class Year

What other schools have you attended? What Courses and Degrees?

\_\_\_\_\_  
Name Location Year

\_\_\_\_\_  
Degree Course

What Scholarships or Fellowships have - or do you hold?

\_\_\_\_\_

Name line of Christian Leadership you plan to follow:

\_\_\_\_\_ Minister \_\_\_\_\_ Missionary \_\_\_\_\_ Evangelist  
\_\_\_\_\_ Director of Religious Education  
\_\_\_\_\_ Director of Youth Leadership - What field? \_\_\_\_\_  
\_\_\_\_\_ Director of Church Choir \_\_\_\_\_ Director of Youth Choir \_\_\_\_\_ Church Musician

What Church activities or Christian Services have, or are you currently engaged in?

\_\_\_\_\_

Where and when? \_\_\_\_\_

\_\_\_\_\_

What Civic activities have you engaged in and when?

\_\_\_\_\_

Give any Eastern Star or Masonic Relations/Memberships (not a requirement): \_\_\_\_\_

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Are you married? \_\_\_\_ Yes \_\_\_\_ No

Children? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Number of Children

ENCLOSE THE FOLLOWING CREDENTIALS REQUESTED WITH APPLICATION

1. Academic Record
2. A letter stating your reason for applying for the ESTARL Award.
3. Three (3) Letters of Recommendation as to - CHRISTIAN LIVING - ACTIVITIES IN CHURCH WORK - ABILITY IN FIELD OF SERVICE OF YOUR CHOICE.
  - 1 from your Minister
  - 1 from an Official from the College which you are attending
  - 1 (preferably) from a business or professional or acquaintance of long standing

Do you pledge to engage in active Christian Service in your chosen field for a period of AT LEAST FIVE (5) YEARS FOLLOWING YOUR GRADUATION? \_\_\_\_ Yes \_\_\_\_ No

IF NOT - Will you agree to refund the money awarded to you to the Grand Chapter of Indiana, OES? \_\_\_\_ Yes \_\_\_\_ No

Return this application, properly completed, including the Credentials required herein, also - a recent photograph, to the Indiana Grand Chapter, C/O ESTARL Scholarship Awards Committee, 890 Red Skelton Circle, Franklin, Indiana 46131.

Signature of Applicant: \_\_\_\_\_

OES Chapter No. \_\_\_\_\_

Date of Chapter Vote to Sponsor: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Chapter Secretary)

(Seal of Chapter)