

Eastern Star Award for Religious Leadership (ESTARL) Scholarship Application

The Grand Chapter of Connecticut Order of the Eastern Star, Inc. P.O. Box 238 Plymouth, CT 06782-0238

Check Appropr	riate Box:	First-Time Fr Which You a		☐ Co	ontinuing S -	tudent	
For Committee Us	e Only	Name _					
Award Amount \$		Permanen	t Home Addres	SS las	at	First	Middle
Eligibility Requir	ements			Street / Ro	ute / Box #		
 Enrolled in an accredited college or university Enrolled in a program of training for religious leadership or religious music Shows evidence of financial need Return application and all requested information postmarked no later than March 1, 2015 		e-mail: Home phone number: Birth date: Single Married Head of Household					Zip
All Applicants are to Complete	e this Section						
1. How did you learn about the	ne ESTARL Scholarship	program? _					
 Was your family's adjusted Could you pursue your de Are you, or any member of Eastern Star or the Milf YES, please give their no chapter or lodge name 	gree without a scholarsh f your family a member asonic Fraternity? ame(s), and the	nip?		ear?		/es No /es No /es No	
EDUCATIONAL HISTORY (AII	<u> </u>	plete this Se	ction)				
Highest Level of Education At		te's	Bachelor's Degree		aster's egree	Doctorate	•
Colleges / Universities Attend			D. (4				
Institution	Location		Dates A	ttenaea	Degree	's Attained	
5. Are you now Engaged in F6. When Will You Complete Degree to be Obtained:			Study?	Yes	No.		
7. Do you Anticipate Further							
If Yes, For What Degree?	Study When You Comp	lete Your Pre	sent Course W	ork?	Yes	No	
· ·			paring		Yes	No	
If Yes, For What Degree? 8. Check All Types of Religion	ous Leadership for Which		paring Mis	ssionary	Yes Yes		
If Yes, For What Degree? 8. Check All Types of Religion Minister	ous Leadership for Which		paring Mis Dir	ssionary			



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	Financial Need								
	Anticipated Expenditures for								
Tuition		\$							
Room and Board		\$							
Fees		\$							
Books and Supplies		\$							
Subscriptions, Class and / or Other I		\$							
Other Directly Related to Education	(Please Specify)	\$							
	A	- L L' - FOTABL							
	Awarded Scholarships (not in								
		\$							
ADDITIONAL INFORMATION OR U If there is any additional informati family or personal circumstances may continue your description on	on that you feel would assist the that should be considered when								
GOALS AND ASPIRATIONS									
Write a brief statement or summar objectives and long term goals. Y			ous leadership career						
COMMUNITY ACTIVITIES, AWARD	OS AND HONORS								
COMMUNITY ACTIVITIES, AWARE List all community activities in wh honors and offices held.		t pay during the past 5 year	rs. Note all special awards,						
List all community activities in wh			rs. Note all special awards, No. of Year(s) Participated						
List all community activities in wh honors and offices held.	ich you have participated withou		·						
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COMMUNITY ACTIVITIES, AWARDS AND HONORS (continued) Please State any Extra Activities in Which You are or Have Been Engaged and any Experience You Have Had in Practica Field Work or Training:						
REFERENCES						
Personal References						
Name	Address		Phone	Relationship		
Religious Community Reference	e (Written Recommenda	tion Required)				
Name	Address		Phone	Relationship		
Academic Reference (Written Ro	ecommendation Require	ed)				
Name	Address		Phone	Relationship		
ACADEMIC TRANSCRIPTS						
A copy of an official transcript of acceptable.	of grades must be sent v	with this application. Or	n-line grade reports	and transcripts ARE		
Students currently or previous High school seniors and students include a high school to	dents who have complete					
APPLICATION CHECKLIST						
The applicant is responsible for applications will not be evaluate ESTARL Committee has receive	ed. This application for	a scholarship becomes				
Completed Scholarship Application		All materials including to transcripts must be addressed to:				
Copies of Required Transcripts Written Recommendation from		ESTARL Scholarship Committee				
a Religious Communit		c/o Helena Langenheim 45 Berry Street				
Written Academic Recom	Torrington, CT 0	6790				
Postmark Deadline is M	arch 1, 2015					
I acknowledge that the decision of requirements of the program as de knowledge. If requested, I agree t information may result in terminati	escribed and that the infor o provide further informat	rmation provided is completion to support what I have	ete and accurate to the	ne best of my		
	nt's Signature			Date		