APPLICATION EASTERN STAR TRAINING AWARDS FOR RELIGIOUS LEADERSHIP AWARDED BY MISSISSIPPI GRAND CHAPTER, ORDER OF THE EASTERN STAR

DATE OF APPLICATION: _____

(Attach a recent Photograph – Glossy Print- First Application only)

Date you expect to enter college: ______ Expected Graduation date: _____

Application <u>MUST</u> be in the hands of the Committee at least two (2) months prior to entrance date. Application <u>MUST</u> be recommended to the ESTARL COMMITTEE by a local Chapter of the Order of the Eastern Star and signed by the incumbent Worthy Matron and Secretary, and bearing the Chapter Seal. The applicant does not have to be a member of the Order of the Eastern Star or of a Masonic Body. The applicant must have finished high school and must submit a full record of high school credits and any college work he/she might have done. Awards will be given for study at the College or higher level.

1. PERSONAL:

Name (Mr., Miss, Mrs.)			
	Last	First	Middle	
Present Address				
	Street	City	State Zip	
Permanent Address:				
—	(Where mail will	always reach y	ou)	
Phone:	Cell:	Email:	·	
Birth Place:		Date of Birtl	n,	
Married? N	umber of Depender	nts:	n,,,,,	
Father's Full Name:			Age:	
Occupation:	Age: Age: if deceased, give date:			
Mother's Full Name.			A	
Occupation:	if d	eceased, give da	Age:	
·		<i>,</i> 0		
Brothers: Number	Ages:	_Sisters: Numb	oerAges:	
Are you related to man	above of the Eastern	Star or Macori	a Erotornity?	
Are you related to men How long have you			plications <u>WILL NOT</u> be	
accepted from students,	other than residen	ts of Mississip	pi who have lived in this	
state at least one (1) year	or longer.)			
2. RELIGION: To what church	ch do your parents belo	ng? Mother:	Father:	
To what church do you be	long?		How long?	
Give your Pastor's name a	nd address.			
Sive your rustor s hame a				

3.	HEALTH: Have you experienced any serious illness? Describe:
	Do you have any physical handicaps? Describe:
	Present Physical Condition: Good Fair Poor Height: Weight:
	Color of Hair: Eyes: Family Doctor's Name
4.	EDUCATION: (Attach Transcripts) College Major: Minor:
	College Classification: Freshman:Sophomore:Junior:Senior:Seminary:Yr
5.	What area of religious training do you plan to follow?
sei Ha or Do	List on an extra page the kinds of work you have done. Do you plan to work during your college or minary years? When and where were you last enrolled in school? we you arranged to work for this year? Will you accept part-time work during your college seminary year? Do you hold a scholarship from other sources? If so, how much? o you or your family receive income from insurance? Stocks? Bonds? or any other urce other than the occupation listed above?
7. ap	Complete in detail the answers to the above questions. Attach letter of recommendations to this plication from the following: (This is required only on your first application.)
	1. Your Pastor2. Your School Superintendent3. A Friend4. A Mason
	Give the name and address of College/University/Seminary you wish to attend:
	1 st Choice:
	2 nd Choice:
	Signature:
8.	Name, Number of Chapter Sponsoring Applicant:
	Sponsor's Address:
	Signed: Worthy Matron Address:
	Secretary: Address:
	CHAPTER SEAL

THE ORDER OF THE EASTERN STAR DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, AND NATIONAL OR ETHNIC ORIGIN IN THE ADMINISTRATION OF ITS SCHOLARSHIP PROGRAM.

ESTARL SCHOLARSHIP AGREEMENT

It is hereby understood and agreed that funds granted for an EASTERN STAR TRAINING AWARDS FOR RELIGIOUS LEADERSHIP (ESTARL) are not repayable so long as the recipient pursues his/her studies in the field of religion or works on a full time basis in this profession for which he/she has been educated. If for any reason, however, the student should change to a vocation other than one in the field of religion, the total amount received from the fund MUST BE REFUNDED TO THE GRAND CHAPTER OF MISSISSIPPI, ORDER OF THE EASTERN STAR WITHIN ninety (90) days of said change without interest, or may be paid in equal installments, payable on or before the 10th day of each month at an interest rate of 6%, beginning no later than ninety (90) days after such change is made, and the total time for payment shall not exceed thirty-six (36) months.

Witness my signature this _____day of _____20__.

APPLICANT: