## APPLICATION FORM

## FOR EXISTING ESARL APPLICANT

If you are a prior recipient of an ESTARL Scholarship and none of your information has changed from the original application fill out the following:

NAME		(your signature if required)
PRESENT ADDRESS		
TELEPHONE NO. AND EMAIL ADDRESS		
(This must be completed)		
SPONSORING EASTERN STAR CHAPTER:		
Sponsor's Name, Number and Address of Chapter:_		
Signed: Worthy Matron	Address:	
Secretary	Address:	
Chapter Seal		
The Order of the Eastern Star does not Discrimina	ate 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 fulltime basis in this profession or which he/she has been educated. If for an reason, however, the student should change to a vocation other than the 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 after said change without interest, or may be paid in equal installments, payable on or before the 10<sup>th</sup> day of each month at an interest rate of 6 percent, 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 sigr	nature this	day of	, 20
APPLICANT			
_			(vour signature)

You must attach your last semester grades to this form. (Print grades or email them to Chairman)

Remember to sign in two places, send your grades and have your local Eastern Star Chapter sign and affix seal.