



EASTERN STAR TRAINING
AWARDS FOR RELIGIOUS LEADERSHIP



INSTRUCTIONS FOR COMPLETION OF THE
APPLICATION

1. Each Award is in an amount determined each year not to exceed \$1,000. It is paid to the school chosen by the student. This money will be credited to the student for the payments of tuition or board.
2. Applicants must be legal residents of Delaware.
3. All applications must be completed, all requested information furnished, all questions answered **along with documentation from the sponsoring Subordinate Chapter** and returned to the Committee by February 15th.
4. If possible, the Applicants selected for Awards should be present at the Grand Chapter Session at the appointed time to receive their Award.
5. To be eligible for consideration of this Award the following must be furnished:
 - Completed Application including seal of sponsoring Subordinate Chapter
 - Five hundred (500) word essay on “Why I wish an ESTARL Award”
 - Three letters of recommendation, one (1) from a minister or church leader, one (1) from school personnel, and one (1) from a prominent citizen.
 - Transcript of grades
6. If reapplying, submit the transcript of the latest semester

If there is insufficient room on the Application for full answers, attach additional pages to the application referencing the question.

For the 2017-2018 Grand Chapter Year the Chairman is:

Mrs. Wini Walton
52 North Red Haven Lane
Dover, DE 19901-6442



GRAND CHAPTER OF DELAWARE
ORDER OF THE EASTERN STAR
ORGANIZED NOVEMBER 14, 1921



APPLICATION FOR
EASTERN STAR TRAINING AWARDS FOR RELIGIOUS LEADERSHIP

Name _____ Date _____
Last First Middle

Address _____
Street and number Town/City State Zip

Sponsoring Chapter _____
Name Number State

Church of your affiliation _____

Of what fraternal organization are you or your immediate family members? _____

Graduate of _____ High School

Year of Graduation _____ Address _____

What has been your education beyond High School?

College _____ Years _____

Professional _____ Years _____

Other _____ Years _____

Name and address of University and Seminary that you will be attending _____

Expected Graduation Date: College _____ Seminary _____

Check type of religious training you wish:

Minister Director of Youth Leadership Director of Church Music

Director of Religious Education Missionary

Parent or Guardian _____ Occupation _____

Is Father living? _____ Mother? _____

Yearly Income of Parents _____

Total number of persons dependent on parents _____

How much have you earned toward this college year? _____

How much will your parents help you this college year? _____

Other financial aid you can depend upon this college year? _____

The following items should be enclosed with application or forwarded to the Chairman of the ESTARL Committee:

1. Five hundred (500) word essay on "Why I Wish An ESTARL Award"
2. Transcript of grades

Character References with name, position, and address listed:

One from Minister or Church Leader, one from School Personnel, one from a Prominent Citizen.

1. _____
2. _____
3. _____

(Letters of recommendation should be sent directly to ESTARL Chairman of State.)

Date by which fall semester tuition payment is due _____

Signature of Applicant

Date of birth _____

Married _____ Single _____

Number and ages of children _____

Name of spouse _____

Occupation of spouse _____

Income of spouse _____

Seal of
Sponsoring
Chapter