INSTRUCTIONS (REVISED) FOR WYOMING ESTARL

ESTARL scholarships are available for any person going into full time Christian work, who has completed at least two (2) years of college or university work.

Scholarships are issued each August, for only one (1) year at a time, renewable in April or May, and upon notification of each award, they will sign a Note Agreement to be provided by the ESTARL committee.

A chapter may recommend persons not native to their location IF the person is a voting member of that community.

Applications are read and approved by a local chapter and by the ESTARL committee of Grand Chapter. Each recommended recipient is subject to the final approval of the Grand Chapter of Wyoming, Order of the Eastern Star.

Applicants are notified immediately, but the scholarship is not given to them, but is sent to the loan or scholarship departments of each respective school to be used for tuition, books, etc.

Amounts of scholarships may fluctuate from year to year, depending on the member of applicants and money available.

APPLICANTS:

1. Must be going into full Christian related work.
2. Must have at least (2) years of college education.
3. Must be recommended by (2) members of a local Eastern Star chapter.
4. His/her chosen college must be fully accredited.
5. Shall furnish a transcript of grades and credits.
6. Must abide by all rules of the note agreement.
7. Renewal applications shall be accompanied with transcript of grades and credits; and a duplicate sent to the chapter secretary, to be filed with chapter ESTARL committee chairman for their report.
8. No discrimination is made as to sex, race or creed and no masonic affiliation is required.

CHAPTER:

1. When request is made, the student is given an application blank and a note agreement. Note agreement is to be signed before a notary public by the applicant.
2. Application is read in open chapter.
3. A committee of three (3) is appointed for investigation of candidate.
4. Committee members are to visit applicant, and hopefully the parents, and make sure they ALL thoroughly understand all parts of their scholarship note agreement. The committee fills out the investigation report and obtain the reference letters from those listed as personal references.
5. Committee reports at the next regular meeting of local chapter.
6. Chapter votes to sponsor or not to sponsor the applicant.
7. Chapter is required to keep in touch with their applicant. Chapter committee chairman shall report on applicant’s progress at regular meeting in May.
8. Applications and renewals should be sent to the Grand Chapter ESTARL chairman no later than July 1, with duplicate sent to secretary of sponsoring chapter.
9. Sponsoring chapter responsible to see that note agreement is fulfilled.

Application for

Eastern Star Training Award for Religious Leadership Scholarship

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| **Applicant’s Name**: | | | | | | |  | | |  | |  | | | | | |  |
|  | | | | | | | (Last) | | | (First) | | (Middle) | | | | | |
| **Applicant’s Address:** | | | | | | |  | | | |  | | | |  |  | |
|  | | | | | | | (Street) | | | | (City) | | | | (State) | (Zip code) | |
| **Parent or Guardian:** | | | | | | | | | | | | | | | | | |
| **Name:** | | |  | | | | |  | | | | |  | | | | |
|  | | | (Last) | | | | | (First) | | | | | (Middle) | | | | |
| **Address:** | | | |  | | | | |  | | | | | |  |  | |
|  | | | | (Street) | | | | | (City) | | | | | | (State) | (Zip code) | |
| **Occupation:** | | | | | |  | | | | | | **Email Address:** | | | | |  | |
| **Church Affiliation:** | | | | | |  | | | | | | | | | | | | |
| **Pastor’s Name:** | | | | | |  | | | | | | | | | | | | |
| **Address:** | | | | | |  | | | | | | | | | | | | |
| **Three References:** | | | | | | | | | | | | | | | | | | |
| 1. | | | | | | | | | | | | | |  | | |  | |
| (NAME AND ADDRESS) | | | | | | | | | | | | | |  | | | (PROFESSION) | |
| 2. | | | | | | | | | | | | | |  | | |  | |
| (NAME AND ADDRESS) | | | | | | | | | | | | | |  | | | (PROFESSION) | |
| 3. | | | | | | | | | | | | | |  | | |  | |
| (NAME AND ADDRESS) | | | | | | | | | | | | | |  | | | (PROFESSION) | |
| **Schools Attended:** | | | | | | | | | | | | | | | | | | |
|  | **Grand School:** | | | | | |  | | | | | | | | | | | |
|  | **High School:** | | | | | |  | | | | | | | | | | | |
|  | **College\*:** | | | | | |  | | | | | | | | | | | |
| *\*Applicant must have two (2) years of college credits before application for ESTARL Scholarship will be considered.* | | | | | | | | | | | | | | | | | | |
| *Transcript of credits MUST accompany application.* | | | | | | | | | | | | | | | | | The Order of the  Eastern Star does not discriminate on the basis of race, color, national or ethnic origin or religious belief in the administration of its scholarship program. | |
| **Institution Planning to Attend:** | | | | | | | | | | | | | | | | |
|  | **Name:** | | | |  | | | | | | | | | | | |
|  | **Address:** | | | |  | | | | | | | | | | | |
| **Type of Religious Training Desired:** | | | | | | | | | | | | | | | | |
|  |  | | Minister | | | | | | | | | | | | | |
|  |  | | Missionary | | | | | | | | | | | | | |
|  |  | | Director of Church Music | | | | | | | | | | | | | |
|  |  | | Director of Religious Education | | | | | | | | | | | | | |
|  |  | | Other form of Religious Work (Explain) | | | | | | | | | | | | | |
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Scholarship Note Agreement

If I am awarded and Eastern Star Training Award for Religious Leadership, and in the course of my training, or upon graduation, I change my mind and fail to enter into full time religious work, I hereby promise to repay all monies I have received from the Eastern Star Training Award for Religious Leadership Fund of the Grand Chapter of Wyoming, Order of the Eastern Star. Upon entering full time religious work, all monies received by me shall be considered a gift from the Grand Chapter of Wyoming, Order of the Eastern Star.

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|  | | | | (Signed by Applicant) | | | | |
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| Note: if applicant is under 21 years of age, this Agreement must be signed by Parent of Guardian | | | | | | | | |
|  | | | |  | | | | |
| Subscribed and Sworn to before me this | | |  | | day of |  | 20 |  |
|  | | | | | | | | |
| My Commission Expires |  | | | | | | | |
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|  |  | | | | | | | |
|  | (Notary Public) | | | | | | | |
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| RECOMMENDED BY: (Must be Members of Local Eastern Star Chapter) | | | | | | | | |
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| Investigation Committee Form | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Members Appointed: | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | |  | | | |
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| Reminder to Investigating Committee: | | | | | | | | | | Please keep in mind that ESTARL Scholarships are based upon a financial need in making your investigation and decision. All information listed below shall be CONFIDENTIAL between Chapter Investigating Committee and Grand Chapter ESTARL Committee. | | | | | | | | | | | | | | | | | | | | | | |
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| Applicant’s Name: | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | |
|  | | | | (Last) | | | | | | | | | | | | (First) | | | | | | | | | | | | (Middle) | | | | |
| Applicant’s Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Age: |  |
| Applicant’s Family Status: | | | | | | Married | | | | | Single | | | | Number of Children and Ages: | | | | | | | |  | | | | | | | | | |
| Applicant’s Income (Estimate) | | | | | | | |  | | | | | | | | | | Spouse’s Income (Estimate) | | | | | | | |  | | | | | | |
| Father’s Name: | |  | | | | | | | | | | | | | | | | | | | | Occupation: | | | |  | | | | | | |
| Father’s place of employment: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mother’s Name: | | |  | | | | | | | | | | | | | | | | | | | Occupation: | | | | |  | | | | | |
| Mother’s place of employment: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Father’s Annual Salary (Estimate) | | | | | | | | |  | | | | | | | | | | | Mother’s Annual Salary (Estimate) | | | | | | | | | |  | | |
| Other sources and amount of Family Income: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Other members of Family: | | | | | | Number of Brothers: | | | | | | | |  | | | | | | | | | | Ages: |  | | | | | | | |
|  | | | | | | Number of Sisters: | | | | | | | |  | | | | | | | | | | Ages: |  | | | | | | | |
| Are there any other person living in the home and being supported by this family income? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Explain: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| List below any other information that might be important in the consideration of this application for an ESTARL Scholarship: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| We, the Committee on Investigation, (Approve) (Disapprove) this Scholarship Application | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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