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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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