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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: |
|       |
| We, the Committee on Investigation, (Approve) (Disapprove) this Scholarship Application |
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|  | Signed: |       |
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