



**Application for  
Eastern Star Training Award for Religious Leadership**

NAME: \_\_\_\_\_  
                                    LAST  FIRST  MIDDLE

HOME ADDRESS: \_\_\_\_\_  
                                    Street & Number  City  State

PRESENT ADDRESS: \_\_\_\_\_  
(IF different from above)                    Street & Number  City  State

High School from which you graduated: \_\_\_\_\_  
  Name  
\_\_\_\_\_  
                                    Location  Year of Graduation

College: \_\_\_\_\_  
                                    Name  Location  Class Year

What other schools have you attended? What Courses and Degrees?

\_\_\_\_\_  
Name  Location  Year

\_\_\_\_\_  
Degree  Course

What Scholarships or Fellowships have you or do you hold? \_\_\_\_\_

\_\_\_\_\_

Name line of Christian Leadership you plan to follow:

- \_\_\_\_\_ Minister      \_\_\_\_\_ Missionary      \_\_\_\_\_ Evangelist  
\_\_\_\_\_ Director of Religious Education  
\_\_\_\_\_ Director of Youth Leadership – What field? \_\_\_\_\_  
\_\_\_\_\_ Director of Church Choir      \_\_\_\_\_ Director of Youth Choir      \_\_\_\_\_ Church Musician

What Church activities or Christian Services have you or are currently engaged? \_\_\_\_\_

\_\_\_\_\_

Where and when? \_\_\_\_\_

What Civic activities have you engaged in and when? \_\_\_\_\_  
\_\_\_\_\_

Give any Eastern Star or Masonic Relations/Memberships (not a requirement): \_\_\_\_\_  
\_\_\_\_\_

Are you married?  Yes  No

Children?  Yes  No \_\_\_\_\_ Number of Children

ENCLOSE THE FOLLOWING CREDENTIALS REQUESTED WITH APPLICATION

1. Academic Record
2. A letter stating your reason for applying for the ESTARL Award.
3. **Three (3) Letters of Recommendation** as to – CHRISTIAN LIVING – ACTIVITIES IN CHURCH WORK – ABILITY IN FIELD OF SERVICE OF YOUR CHOICE.
  - 1 letter from your Minister
  - 1 letter from an Official from the College which you are attending
  - 1 letter (preferably) from a business or professional or an acquaintance of long standing

**Do you pledge** to engage in active Christian Service in your chosen field for a period of AT LEAST FIVE (5) YEARS FOLLOWING YOUR GRADUATION?  Yes  No

IF NOT, will you agree to refund the money awarded to you to the Grand Chapter of Indiana, OES?  Yes  No

**Return this application**, properly completed, including the Credentials required herein and a recent photograph of you, to **LeVon Holmes, PGM, Chr. Of Estarl Scholarship Committee, 3801 S. Cedar Creek Lane, New Palestine, IN 46163, on or before May 5, 2024.**

**Signature of Applicant:** \_\_\_\_\_

OES Chapter & No. \_\_\_\_\_

Date of Chapter Vote to Sponsor: \_\_\_\_\_

Signed : \_\_\_\_\_

**(Chapter Secretary)**

**(Seal of Chapter)**

Rev. 2017