

ESTARL RENEWAL APPLICATION

Date: _____

APPLICANT INFORMATION

Name: _____

Current Mailing Address: _____

Email Address: _____

Phone: (_____) _____

Legal Resident of Indiana?: (_____) YES (_____) NO

If YES, which of the following apply?

_____ Hold Indiana driver's license

_____ Have legal Indiana mailing address

_____ Pay Indiana state income tax

EDUCATION

Have you previously attended college? (_____) YES (_____) NO

If YES, what is your degree? (_____) BS (_____) MS (_____) PhD

Attending which? (_____) COLLEGE/UNIVERSITY (_____) Seminary

Complete name and address of College, University, or Seminary where currently enrolled:

Name: _____

Address: _____

EMPLOYMENT

Currently employed? (_____) YES (_____) NO

If YES, give name and address of employer

Name: _____

Address: _____

Name of Sponsoring Chapter: _____

REQUIRED DOCUMENTS THAT MUST ACCOMPANY THIS RENEWAL APPLICATION:

Official College/University/Seminary Transcript

Intent of Plans

Thank You. Please return all documents by May 1st, 2027 to:

Elizabeth Lashley, PGM, Chairman

ESTARL Scholarship Awards

2498 S 500 E

Montgomery, IN 47558

All documents are available on line at: www.indianaoes.org in the documents section.