



GRAND CHAPTER OF IDAHO  
ORDER OF THE EASTERN STAR

**Application Form**

For

**EASTERN STAR TRAINING AWARDS FOR RELIGIOUS LEADERSHIP  
ESTARL**

Name of Applicant \_\_\_\_\_ Date of Application \_\_\_\_\_  
(Give full name) First Middle Last

Social Security and/or Student ID Number \_\_\_\_\_

Present Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Street City State ZIP

Idaho Address \_\_\_\_\_ Idaho Phone \_\_\_\_\_  
Street City State ZIP

Number of ESTARL Awards received, if any, and date of years received: \_\_\_\_\_

Name and address of the sponsoring Eastern Star Chapter or the sponsoring district ESTARL Chairman: \_\_\_\_\_  
\_\_\_\_\_

Parents' Names \_\_\_\_\_

Address \_\_\_\_\_  
Street City State ZIP

Parent or Parents' Occupation(s) \_\_\_\_\_  
\_\_\_\_\_

State your Masonic affiliation, if any: \_\_\_\_\_

Check type of religious training in which you are most interested: \_\_\_\_\_ Minister; \_\_\_\_\_ Missionary;  
\_\_\_\_\_ Director of Religious Education; \_\_\_\_\_ Director of Youth Leadership; \_\_\_\_\_ Choir Director;  
\_\_\_\_\_ Other \_\_\_\_\_

Please elaborate on the type of work you plan to do: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where do you plan to take your training? \_\_\_\_\_

Institution's Address \_\_\_\_\_  
Street City State ZIP

Phone No. of Institution's Financial Aid Office \_\_\_\_\_

Please provide character references from three people as listed below:

Your Minister:           Name \_\_\_\_\_  
                                  Address \_\_\_\_\_  
                                  City, State, Zip \_\_\_\_\_

An Official from        Name \_\_\_\_\_  
Your school:            Address \_\_\_\_\_  
                                  City, State, Zip \_\_\_\_\_

Other, preferably      Name \_\_\_\_\_  
In your chosen field:   Address \_\_\_\_\_  
                                  City, State, Zip \_\_\_\_\_

- Enclose an official academic record of your college work up to the present time of application.
- Attach your personal letter to this application. In this letter please state your personal reasons for applying for the Eastern Star Training Award for Religious Leadership. Give in your own words a general idea of your plans for the present and future.
- APPLICANT SHOULD: Completely fill out blanks for information, enclose a recent OFFICIAL Academic record with the personal letter before returning this application to the sponsoring Eastern Star Chapter or the sponsoring District or Chapter ESTARL Chairman. All information must be included or the application will be rejected.

LOCAL ESTARL COMMITTEE SHOULD:

1. Assist the Applicant with any information needed for completion of this form.
2. See that the Chapter's seal is affixed.
3. See that the Application is signed by the Chapter's Worthy Matron and either the Chairman of the Chapter's ESTARL Committee or by the sponsoring District ESTARL Chairman.
4. Mail the completed application form with the sponsoring Chapter's seal, signatures of the Worthy Matron and Chapter or District ESTARL Chairman, the required Academic Record and the Applicant's personal letter DIRECTLY to the Chairman of the ESTARL Central Committee.

We hereby certify that we have screened this candidate and are of the opinion that she/he is a desirable candidate and that he/she would benefit from our assistance.

Chapter  
Seal  
Affixed  
Here

Signed: \_\_\_\_\_  
                                  Chapter/District ESTARL Chairman

Signed: \_\_\_\_\_  
                                  Worthy Matron