

Application for Renewal ESTARL Scholarship
Eastern Star Training Award for Religious Leadership
The Grand Chapter of North Carolina, Order of the Eastern Star

Name: _____

Address: _____ Phone# _____

College/University _____

Classification: Senior ___ Masters ___ Doctorate ___

Anticipated Graduation Date: _____

Note changes, if any, in your plans relative to your chosen profession during the past year: _____

Note any changes in your financial status during the past year:

Attach a copy of your most recent 1040/W2 Last Semester/Quarter Grades

Please include any information that, in your opinion, would be of value to the committee in giving your application due consideration:

Financial Aid Office of the College/University: School _____

Officer: _____ Address: _____

Phone# _____

If my ESTARL Scholarship is renewed, I will abide by the agreements included in my original application. I will use any grant that I might receive to the very best of my ability, and endeavor to carry out my plans as outlined.

(The application must be in the hand of the ESTARL Committee by 1 March)

Date _____ Signature _____

Recommendation of _____

Chapter # _____

Approved by Clearing Committee

(7/10/17)