



APPLICATION FOR RENEWAL FOR ESTARL AWARD
Eastern Star Training Award for Religious Leadership
The Grand Chapter of Florida, Order of the Eastern Star Inc.

Name of Renewal Applicant: _____

Address: _____

Name of College or Seminary: _____

Address: _____

GPA: _____ Will you be a full-time student? _____

Classification: _____ Junior _____ Senior _____ Masters

Anticipated Graduation Date: _____

Have there been any changes in your plans relative to your chosen profession during the past year? _____

If yes, please explain _____

Have there been any financial changes during the past year? _____

How has your experience in the last semester influenced your commitment to your calling? _____

REQUIRED CHECK LIST:

_____ Letter from student requesting continuation of the scholarship

_____ Letter from sponsoring OES Chapter

_____ Current Transcript of Grades

RECOMMENDATION OF ESTARL COMMITTEE MEMBERS.

Date: _____ Approved _____ Disapproved _____

Comments: _____

Signature of Committee Chairman _____

If my ESTARL Award is renewed I will abide by the agreements included in my original application and if I withdraw, the current semester's award will be returned.

SIGNATURE OF APPLICANT _____ Dated _____

**The deadline for Renewal Applications must be postmarked
by either June 1 or December 1 of the current year.**