

APPLICANT RENEWAL FOR ESTARL FUNDS

Name: _____ Social Security Number: _____
Date of Birth: _____
Address: _____

Name of College or Seminary: _____
Address: _____

Grade: _____ Will you be a full time student? _____

REQUIREMENT CHECK LIST

_____ Letter from student requesting continuation of the scholarship
_____ Letter from sponsoring OES Chapter
_____ Current Transcript of Grades _____
(Date covered by Transcript)

RECOMMENDATION OF ESTARL COMMITTEE MEMBERS:

DATE: _____

APPROVE _____ DISAPPROVE _____

COMMENTS: _____

(Signature of Committee Member)

(Signature of Committee Member)

(Signature of Committee Member)

(Signature of Committee Member)

(Chairman)