

Grand Chapter  
ORDER OF THE EASTERN STAR  
of Nova Scotia and Prince Edward Island

**APPLICATION for an ESTARL AWARD**

CONFIDENTIAL

I, \_\_\_\_\_ submit this application for an ESTARL Award.  
(Print Name)

I certify that:

(a) I am / will be enrolled at \_\_\_\_\_ for the academic year 20\_\_\_\_ and  
(Name of Academic Institution)

(b) \_\_\_\_\_ I have completed my first year of full time theology study **or**,  
\_\_\_\_\_ I have completed the equivalent course requirements for first year of full time studies.  
{**Note: Proof of completion to be submitted by Academic Institution.**}

(c) I am enrolled in a programme of studies in:  
\_\_\_\_\_ Religious Ministry \_\_\_\_\_ Religious Leadership  
\_\_\_\_\_ Religious Education \_\_\_\_\_ Church Music

recognized by the \_\_\_\_\_  
(Religious Denomination)

(d) I have received the following **ESTARL** Awards:  
\_\_\_\_\_ None \_\_\_\_\_ of full time awards **or** \_\_\_\_\_ of part time awards  
(No.) (No.)

(e) \_\_\_\_\_ I am not applying for an ESTARL Award in another Grand Jurisdiction.

(f) Home Address: I am from \_\_\_\_\_  
(City/Town) (Province/Country)

Current Address: \_\_\_\_\_  
\_\_\_\_\_ Postal Code: \_\_\_\_\_

Proposed Address as of December of Enrollment Year: \_\_\_\_\_  
\_\_\_\_\_ Postal Code: \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Sponsored by: \_\_\_\_\_ Chapter No. \_\_\_\_\_, O.E.S.

\_\_\_\_\_  
(Chapter Secretary)

Received by ESTARL COMMITTEE:

{Chapter Seal}

Received By \_\_\_\_\_  
Date: \_\_\_\_\_

**Academic Record**

	<u>Location</u>	<u>Year Graduated</u>
High School	_____	_____
College/University	_____	_____
	_____	_____
	_____	_____

Academic Institution where you received your First Year Studies in Theology:

\_\_\_\_\_ Year(s) \_\_\_\_\_

### Financial Statement

<u>Expected Sources of Funds:</u>		<u>Expected Expenses:</u>	
Employment	\$ _____	Living Expenses	\$ _____
Bursaries	\$ _____	Tuition & Books	\$ _____
Other	\$ _____	Travel	\$ _____
Total Income	\$ _____	Total Expense	\$ _____
		Total Income	\$ _____
		Additional Funds Required	\$ _____

**References:** (Name three, one from your Pastor preferred)

- 1.
  
  
  
- 2.
  
  
  
- 3.

**APPLICATIONS MUST BE RECEIVED BY OCTOBER 31**

Please send to: Mrs. Diane R. Hayman, Grand Secretary  
 1900 Drummond Road, P.O. Box 853,  
 Westville, Nova Scotia, B0K 2A0