

**GRAND CHAPTER OF FLORIDA OES  
APPLICATION FORM'  
EASTERN STAR TRAINING AWARD FOR RELIGIOUS LEADERSHIP**

The purpose of this award is to assist deserving young men and women who wish to devote their lives to God's service and are not financially able to obtain the necessary education required in their chosen field of service. Funds for this purpose will be available to qualified Florida residents. In the selection of applicants, those in the third year in an accredited school, will take preference. Emphasis will be placed on need of financial assistance, academic record, character, leadership in Christian activities and good citizenship.

Date of Application \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Date of birth \_\_\_\_\_ Soc. Sec.# \_\_\_\_\_

FL Resident? \_\_\_\_\_ FL Home Address \_\_\_\_\_

Recent  
Photograph  
Or  
Snapshot  
Of  
Applicant

Present Mailing address when attending School \_\_\_\_\_

Phone Number While at School \_\_\_\_\_

Home Phone# \_\_\_\_\_

E-mail \_\_\_\_\_

Married \_\_\_\_\_ No. of Children \_\_\_\_\_

Have you previously applied for this award? \_\_\_\_\_ If yes, give date of application \_\_\_\_\_

Parents' names and Address and phone# \_\_\_\_\_

Church Member? \_\_\_\_\_ Name of Church \_\_\_\_\_

Denomination \_\_\_\_\_ Pastor's Name \_\_\_\_\_

Church Address \_\_\_\_\_

Name of School you will be Attending \_\_\_\_\_

School Address \_\_\_\_\_

Give year (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>) \_\_\_\_\_ Full Time Student \_\_\_\_\_ Major \_\_\_\_\_

Education History since High School

Name of School	Location	Dates Attended	Degrees Earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Scholarships or Fellowships you have or hold \_\_\_\_\_  
\_\_\_\_\_

Line of Religious Leadership you plan to follow \_\_\_\_\_  
\_\_\_\_\_

What Church Activities have you or are you now engaged in, and when \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List eastern Star or Masonic relations, if any \_\_\_\_\_  
\_\_\_\_\_

Rainbow Assembly or Demolay chapter affiliation \_\_\_\_\_

Rainbow or Demolay Offices held \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

THE FOLLOWING MUST BE COMPLETED BY THE SPONSORING EASTERN STAR CHAPTER:

Above Applicant recommended by \_\_\_\_\_ Chapter No. \_\_\_\_\_

\_\_\_\_\_  
Signature of Worthy Matron

Chapter Seal

\_\_\_\_\_  
Signature of Secretary

Call State Chairman for address of nearest Florida Easter Star Chapter