

GRAND CHAPTER OF FLORIDA  
ORDER OF THE EASTERN STAR  
APPLICATION FOR  
**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 their third year in an accredited college 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 \_\_\_\_\_

*Recent Photograph of Applicant*

Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_

FL Resident? \_\_\_\_\_

FL Home Address: \_\_\_\_\_

Present Mailing Address when attending School  
\_\_\_\_\_

Phone Number While at school \_\_\_\_\_

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

Cell Phone # \_\_\_\_\_

E-Mail \_\_\_\_\_

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

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

Parents' Names, Address and Phone # \_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

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

## Educational History since High School

<u>Name of School</u>	<u>Location</u>	<u>Dates Attended</u>	<u>Degrees Earned</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Signature of Secretary

Chapter Seal

Call State Chairman For The Address of Nearest Florida Eastern Star Chapter