



Grand Chapter of Missouri  
Order of the Eastern Star

**E**ASTERN **S**TAR **T**RAINING **A**WARDS **R**ELIGIOUS **L**EADERSHIP

# APPLICATION

<b>NAME:</b>						<b>SOCIAL SECURITY:</b>						
<b>HOME ADDRESS:</b>												
<b>CITY:</b>					<b>STATE:</b>			<b>ZIP:</b>				
<b>PHONE (best available):</b>						<b>EMAIL:</b>						
<b>AGE:</b>				<b>SINGLE:</b>				<b>MARRIED:</b>				
								<b>DEPENDENTS:</b>				
<b>RELIGIOUS PREFERENCE:</b>												
<b>PARENT'S NAMES (living or deceased)</b>												
<b>RELATIONSHIP to EASTERN STAR MEMBER:</b>												
<b>SPONSOR'S NAME:</b>												
<b>OES CHAPTER NAME/NUMBER:</b>												
<b>LOCATION of CHAPTER:</b>												
<b>HIGH SCHOOL NAME/LOCATION:</b>												
<b>LENGTH of TIME NEEDED for POSITION:</b>												
<b>MONEY NEEDED FOR:</b>					<b>TUITION</b>					<b>OTHER EXPENSES</b>		
<b>AMOUNT of PERSONAL CONTRIBUTION:</b>												
<b>COLLEGE SELECTION:</b>												
<b>AWARD ATTENTION TO:</b>							<b>SCHOOL PHONE:</b>					
<b>COLLEGE ADDRESS:</b>												
<b>CITY:</b>					<b>STATE:</b>			<b>ZIP:</b>				
<b>FINANCIAL ADMINISTRATOR:</b>												
<b>STUDENT ID:</b>								<b>CURRENT GPA:</b>				
<b>CURRENT SCHOLASTIC YEAR</b>				<b>FR</b>		<b>SO</b>		<b>JR</b>		<b>SR</b>		
<b>SCHOLASTIC MAJOR:</b>												
<b>SECONDARY SCHOLASTIC MAJOR</b>												
<b>YEAR OF GRADUATION:</b>												

**REFERENCES – NOT IMMEDIATE FAMILY – ask for written recommendation from ALL (list three)**

<b>1.</b>	<b>NAME:</b>		<b>PHONE:</b>	
	<b>ADDRESS:</b>			
	<b>CITY:</b>		<b>STATE:</b>	<b>ZIP:</b>

<b>2.</b>	<b>NAME:</b>		<b>PHONE:</b>	
	<b>ADDRESS:</b>			
	<b>CITY:</b>		<b>STATE:</b>	<b>ZIP:</b>

<b>3.</b>	<b>NAME:</b>		<b>PHONE:</b>	
	<b>ADDRESS:</b>			
	<b>CITY:</b>		<b>STATE:</b>	<b>ZIP:</b>

**LIST HIGH SCHOOL or POST SECONDARY ACTIVITIES, HONORS, or OFFICES HELD (if applicable)**

**CIVIC/COMMUNITY & CHURCH ACTIVITIES PARTICIPATED IN (specify dates)**

**Use this space for a brief essay explaining the importance of your Religious Education and why you feel you would be a good candidate for this scholarship.**

**SEND COMPLETED APPLICATION TO:**  
 DR. DOUGLAS REECE, CHAIRMAN  
 8110 COVERED BRIDGE  
 PLATTE CITY MO 64079-8130

**DEADLINES**

**FALL: JUNE 15**

**SPRING: NOVEMBER 15**

<b>COMMITTEE USE ONLY</b>			
DATE APP RECV		DATE APPROVED	