

APPLICATION FOR
EASTERN **S**TAR **T**RAINING **A**WARDS **R**ELIGIOUS **L**EADERSHIP
GRAND CHAPTER of MISSOURI ♦ ORDER of the EASTERN STAR

Date: _____

NAME: _____

HOME ADDRESS: _____

EMAIL: _____ PHONE: _____

AGE: _____ SINGLE: _____ MARRIED: _____ DEPENDENTS: _____

ADDRESS WHILE ATTENDING SCHOOL: _____

HEALTH: _____

RELIGION: _____

SCHOLASTIC RATING: _____ # OF HOURS: _____

SCHOLASTIC STANDING: _____ CREDITS: _____

PLANS FOR FUTURE RELIGIOUS WORK

PREVIOUS EXPERIENCE IN LEADERSHIP:

PARENTS NAME(s) – LIVING or DECEASED: _____

LENGTH OF TIME NEEDED TO BE READY FOR A POSITION: _____

MONEY NEEDED FOR: _____ TUITION: _____ OTHER EXPENSES: _____

AMOUNT OF SELF-HELP PROBABLE: _____

SCHOOL TO WHICH YOU WILL BE ATTENDING: _____

NAME & DEPARTMENT TO WHICH CHECK SHOULD BE SENT: _____

COMPLETE ADDRESS OF SCHOOL: _____

WHY DID YOU CHOOSE THIS SCHOOL? _____

HONORS IN SECONDARY or THUS FAR IN PRIMARY SCHOOL (Valedictorian, Student Editor, Song Leader)

NAME OF EASTERN STAR MEMBER & CHAPTER THEY BELONG TO WHO WILL SPONSORED YOU:

REFERENCES (please give the attached forms to them so they can return same to the chairman)

PLEASE MAIL COMPLETED FORM TO: **Lenora Miller, Chairman**
1201 War Admiral Drive
Columbia MO 65202-4877