**Date:**

**From:** Carla Nelson Chair

2421 24th St. NW Rochester, MN 55901

Phone: 507-254-1254

**Email:** revcsn@gmail.com

**To:**

**RE:** OES ESTARL Scholarship Program

Thank you for your interest in our scholarship program. Our scholarship application is available online at <https://mnoes.com/serve/estarl-scholarship/> Please send the completed application with official transcripts in one packet to the ESTARL Chairby **February 15**. Incomplete applications will not be considered.

ESTARL is a scholarship program for men and women preparing for careers in religious leadership in any denomination. Eligibility requirements are as follows:

Preparing for a career of religious leadership in ordained ministry, missionary, youth ministry, director of religious education, music ministry, or other religious careers

* Reside in Minnesota for at least one year before receiving award, with the exception of missionary duty
* Part-time to fulltime student beginning in September of the school year for which the scholarship is granted
* Attend a church regularly
* A recipient may apply more than once for an ESTARL award.

Awards can be used for tuition and/ or book expenses. According to our bylaws, if someone else or some other agency will pay your tuition in full, you do not qualify for an ESTARL award.

The Order of the Eastern Star does not discriminate on the basis of race, color, nationality, ethnic origin or religious belief in the administration of its scholarship program.

**APPLICATION PROCEDURE**

1. Down Load the application from the website <https://mnoes.com/serve/estarl-scholarship/>
2. Applicant completes **SECTION I (PERSONAL INFORMATION and PERSONAL STATEMENT)** and submits to ESTARL Chair by *February 15*
3. Applicant provides **Official Transcripts** of all college or seminary coursework completed to date to ESTARL Chair by *February 15*
4. **SECTION II - RECOMMENDATION FROM CHURCH**
	* Submitted by church representative to ESTARL Chair by*February 15*
5. **SECTION III - RECOMMENDATION FROM PROFESSOR**
	* Submitted by Professor to ESTARL Chair by*February 15*
6. **SECTION IV - RECOMMENDATION FROM SPONSORING OES CHAPTER**
	* Submitted by Chapter to ESTARL Chair by*February 15*
7. ESTARL committee reviews applications and determines awardees.
8. Awardees are notified and invited to Minnesota Grand Chapter OES Awards Ceremony in May where Certificates of Award are presented
9. Certificates are mailed to awardees unable to attend
10. Scholarship checks made out to the student and the institution are mailed to the student by *August 31*.
11. All parts of the application are needed for the applicant to be considered for a scholarship – if you have any questions please call the chairperson Carla Nelson at 507-254-1254 before *February 15* .

|  |  |
| --- | --- |
| **SECTION I – PERSONAL INFORMATION**   |  |
| **Name:** (Last) (First) (Middle) |  |
| **Home Address:**  |  |  |
| **Telephone: E-mail:** **Will you be at least a half-time student in 2025?**  **Yes**   **No**  |  |  |
|  |  |   |
| **Resident of Minnesota since:**  |  |   |
|  |  |  |
|  |  |   |
|  |  |   |
|  |  |  |
| **Seminary or College attending 2025-2026** |  |  |
| **Name:**  |  |   |
| **Address:** **Seminary or College(s) previously attended:**   |  |   |
| **Name: From: To:**  |  |  **Degree earned:**  |
| **Name: From: To:**  |  | **Degree earned:**  |
| **Name: From: To:**  |  |  **Degree earned:**  |

**SECTION I – PERSONAL INFORMATION**

**For which program of religious service are you preparing?**

 **Ordained Minister**

 **Missionary**

 **Director of Church Music**

 **Director of Religious Education**

 **Director of Youth Ministry**

 **Other (describe)**

**Proposed location of service:**

 **USA**

 **Overseas**

**Total amount of *tuition* expected for school year 2023-2024 (do not include amounts for books, room and board, transportation, health insurance, or other personal living expenses)**

**Amount ($)**

**Is your church or any outside source such as an individual or agency (i.e. GI Bill, Veterans’ Dependent, other scholarship) paying any portion of your *tuition*?**

 **Yes If Yes, Percentage/Amount ($)**

 **No**

**Will you be employed in 2025-2026?**

 **Yes If Yes, Occupation**

 **No**

**What amount do you expect to contribute to your *tuition*? Amount ($)**

**What amount do you expect to pay for books and materials?**

**Describe your personal interests and the campus or community activities in which you participate.**

**Describe your previous experience in religious service:**

**What influenced you to become a worker in religious service?**

**SECTION I - PERSONAL STATEMENT**

1. **What is the role of religion in today’s world?**

1. **How can churches become more effective?**

1. **In what ways do you feel you can make a difference in people’s lives?**

1. **What is your personal religious philosophy?**

**SECTION II – RECOMMENDATION FROM HOME CHURCH**

**(Name of Applicant)** is applying for an ESTARL Scholarship (Eastern Star Training Award for Religious Leadership). Scholarships are intended for men and women preparing for a career in church related service. Please give us your opinion of the Applicant related to the following items. Your reply will be held in strict confidence. You may use space on the reverse side of this form or attach a separate sheet for your answers as necessary.

**Return the completed recommendation by February 15 to:**

*Carla Nelson Chair*

*2421 24th St. NW*

*Rochester, MN 55901*

*Phone: 507-254-1254*

*Email:revcsn@gmail.com*

1. **How long have you known the applicant? Describe your relationship.**

1. **What is the applicant’s relationship to the local church, their acceptance and participation?**

1. **Describe the applicants’ qualities for religious leadership:**

1. **Please add any other pertinent information about the applicant.**

**Printed Name/Title:**  **Signature: Date:**  **Church:**  **Address:**

**SECTION III – RECOMMENDATION FROM ACADEMIC ADVISOR/COUNSELOR/PROFESSOR**

**(Name of Applicant)** is applying for an ESTARL Scholarship (Eastern Star Training Award for Religious Leadership). Scholarships are intended for men and women preparing for a career in church related service. Please give us your opinion of the Applicant related to the following items. Your reply will be held in strict confidence. You may use space on the reverse side of this form or attach a separate sheet for your answers as necessary.

**Return the completed recommendation by February 15 to:**

*Carla Nelson, Chair*

*2421 24th St. NW*

*Rochester, MN 55901*

*Phone: 507-254-1254*

*Email:revcsn@gmail.com*

*This form may need to be modified to fit your institution, please feel free to do so.*

1. **Describe the applicants’ qualities for religious leadership**
2. **How does the applicant relate to fellow students?**
3. **Is this applicant at least a halftime student at the institution?**
4. **Is the applicant in good standing at the institution and making satisfactory progress toward career goals?**

1. **Please add any other pertinent information about the applicant.**

**Printed Name/Title:**  **Signature: Date:**  **Institution:**  **Address:**

**SECTION IV – RECOMMENDATION FROM SPONSORING OES CHAPTER**

**(Name of Applicant)** is applying for an ESTARL Scholarship (Eastern Star Training Award for Religious Leadership). Scholarships are intended for men and women preparing for a career in service. Please give us your opinion of the Applicant related to the following items. Your reply will be held in strict confidence. You may use space on the reverse side of this form or attach a separate sheet for your answers as necessary. Please complete the recommendation for the applicant after a personal interview by a three-member Chapter ESTARL Committee.

**Return the completed recommendation by February 15 to:**

*Carla Nelson, Chair*

*2421 24th St. NW*

*Rochester, MN 55901*

*Phone: 507-254-1254*

*Email:revcsn@gmail.com*

1. **Summarize the Committee’s evaluation of this applicant based on your personal interview.**

**Chapter Name and Number:**

**Location:**

**Chapter ESTARL Committee Signatures**

**1)**

**2)**

**3)**

**Worthy Matron/Phone:**

**Worthy Patron/Phone:** Chapter Seal Here

**Secretary/Phone:**