

EASTERN STAR TRAINING AWARD FOR RELIGIOUS LEADERSHIP (ESTARL)  
Grand Chapter of New Mexico Order of the Eastern Star

The sponsoring subordinate Chapter shall appoint an investigating committee composed of at least three (3) sisters or brothers to fully investigate the applicant and to serve as a liaison between the applicant, the sponsoring chapter, and the Grand Chapter ESTARL Board. The duties of the subordinate chapter committee shall be:

To confer with and fully investigate the applicant to determine seriousness of purpose, need, and the character of the applicant, then make a recommendation to the subordinate Chapter that in turn will make a recommendation to the Grand Chapter ESTARL Board.

To keep in touch with the student and keep the Grand Chapter ESTARL Board informed of any change in the student's course of study, plans and financial status while he/she is in college.

Provide the Grand Chapter ESTARL Board a status report of the student on or before October 1, or April 1, on the progress of the sponsored student.

Applications must be made on regular forms approved by the ESTARL Board and may be secured from the Grand Chapter ESTARL Board. These forms must be returned to the state ESTARL chairman under the seal of the sponsoring subordinate Chapter before October 1 or April 1.

To receive and forward to the Grand Chapter ESTARL Board the following:

For Initial Application:

FORM 1a – Initial Application

FORM 1b – Applicants Autobiography

FORM 2 – Subordinate Chapter ESTARL Committee Evaluation and Recommendation

FORM 3 – Personal Evaluation (Three (3) persons named by applicant on Form 1)

For Renewal Application:

FORM 4 – Renewal Application

For Continuing Education Application:

FORM CE1 – Continuing Education Application

FORM 2 – Subordinate Chapter ESTARL Committee Evaluation and Recommendation

FORM CE3 – Personal Evaluation (Three (3) persons named by applicant on Form CE1)

It is the duty of the Sponsoring Chapter Secretary to request Acknowledgement of Use of ESTARL Grant (FORM 5), from the recipient. Forward the completed FORM 5 to the Chairman of the ESTARL Board within 30 days of the completion of chosen study program.

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED BY THE GRAND CHAPTER ESTARL BOARD**

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FORM 2

**SUBORDINATE CHAPTER ESTARL COMMITTEE EVALUATION AND RECOMMENDATION**

Applicant's Printed Name: \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_  
 \_\_\_\_\_  
(City) (State) (Zip) (Phone)

Please give your evaluation of the applicant by checking the applicable boxes below:

Evaluation Area	Excellent	Good	Fair	Needs Improving	Not Observed
Personal Appearance					
Health					
Ethical Deportment					
Relations with Others					
Sense of Humor					
Ease in Social Situations					
Poise and Maturity					
Possible Success as a Religious Leader					

Do committee members know applicant personally?      Yes \_\_\_\_\_      No \_\_\_\_\_

Is the applicant related to any member of your Chapter?      Yes \_\_\_\_\_      No \_\_\_\_\_

Is the applicant recognized as a leader?      Yes \_\_\_\_\_      No \_\_\_\_\_

Do you know any circumstances that might adversely affect the applicant's success as a religious leader?  
 Yes \_\_\_\_\_      No \_\_\_\_\_

If your answer to the above is yes, please indicate the circumstances.

\_\_\_\_\_

\_\_\_\_\_

With Religious leadership in mind, list three of the applicant's strongest points.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Is it the opinion of the committee that the applicant will dedicate his/her life to the full time religious service? \_\_\_\_\_

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FORM 2 (Continued)

Does the committee recommend that this applicant receive an award for study in the field of religious education?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please note any facts concerning the applicant's character, health, home, or other influences (weaknesses as well as strengths) that would be of value to the Grand Chapter ESTARL Board.

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**SIGNATURES** of subordinate Chapter ESTARL Committee:

<u>NAME</u>	<u>ADDRESSES</u>
_____	_____
_____	_____
_____	_____

Date of Signature: \_\_\_\_\_  
(Month) (Date) (Year)

The above named applicant is recommended by and sponsored by:

\_\_\_\_\_ Chapter No. \_\_\_\_\_ O.E.S. for an ESTARL Grant.

\_\_\_\_\_  
(Worthy Matron's Signature) (Chapter Secretary's Signature)

**Seal of the Chapter**

**Secretary: Please forward the completed package to the Grand Chapter ESTARL Board Chairman.**

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FORM 5

**ACKNOWLEDGEMENT OF USE OF ESTARL GRANT**

This is to certify that \_\_\_\_\_  
(Recipient's name)

Has been enrolled in or participated in a :

College \_\_\_\_\_  
Seminary \_\_\_\_\_  
Retreat \_\_\_\_\_

Refresher Course \_\_\_\_\_  
Workshop \_\_\_\_\_  
Degree Program \_\_\_\_\_

\_\_\_\_\_  
(Name of Institution)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (State) (Zip)

From \_\_\_\_\_ to \_\_\_\_\_  
(Dates of Attendance)

Signature of Recipient: \_\_\_\_\_

Date of Signature: \_\_\_\_\_  
(Month) (Day) (Year)

Signature of Registrar or Director: \_\_\_\_\_

Upon completion of applicant's chosen study program, this form is to be sent to the Secretary of the sponsoring chapter.

\_\_\_\_\_  
(Secretary) (Chapter Name and No.)

\_\_\_\_\_  
(Address)

\_\_\_\_\_, NM \_\_\_\_\_  
(City) (Zip) (Telephone)

**Secretary, please send this form to Grand Chapter ESTARL Board Chairman**

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ESTARL NEW APPLICANT CHECKLIST

The following checklist is provided to assist you in items that should be checked during the review process. The Policy should be reviewed regularly and this checklist is not to replace that need. Check the boxes of those items that are correct. Place a red X, or other desired marking, to indicate that there is an irregularity.

Is the applicant sponsored by and initiated through a legally constituted Chapter of the Grand Chapter of New Mexico?

Is the applicant a graduate of a New Mexico accredited High School, College, or University OR is his/her parents/guardians a legal resident of New Mexico?

Application arrived before October 1 or April 1? (If the date was missed, add to the next group of applicants)

REVIEW OF SUBMITTED FORMS

FORM 1a, Application Form submitted

School and school Registrar's address annotated on the form

Current transcript of college credits is attached

Signed by the school Registrar

Contains the seal of the college

Applicant is enrolling in at least six (6) hours of religious education as a graduate student or full time junior or senior at an accredited college or university working toward a major or minor in religious leadership

Applicant's academic standing is acceptable

FORM 1a is complete

FORM 1b, Applicants Autobiography submitted

Signed by applicant, and if applicable, by parent/guardian

Photo attached

FORM 1b is complete

FORM 2, Chapter ESTARL Committee Evaluation and Recommendation submitted

Signed by members of the sponsoring Chapter ESTARL Committee

Signed by the Chapter Worthy Matron and Chapter Secretary

Contains sponsoring Chapter seal

The subordinate Chapter ESTARL Committee recommends approval

FORM 2 is complete

FORM 3, Personal Evaluation (total of three (3) forms submitted)

Signature and evaluator's position annotated for each of the following

Teacher or Instructor

Pastor or Rabbi

Neighbor or business acquaintance

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RENEWAL APPLICATION CHECKLIST

The following checklist is provided to assist you in items that should be checked during the review process. The Policy should be reviewed regularly and this checklist is not to replace that need. Check the boxes of those items that are correct. Place a red X, or other desired marking, to indicate that there is an irregularity.

Are the proper forms submitted and are they complete?

FORM 4, Application for Renewal

Is the school and school address on the form

Is an official transcript, since the last award, attached

Is the transcript signed by the Registrar and does it have the seal of the college?

Did the applicant, Worthy Matron, and Secretary sign the form?

Does the form have the seal of the Chapter.

Did the previous award have FORM 5 submitted to acknowledge the use of the previous ESTARL grant?

Is the form signed by the recipient and the Registrar/Director?

Did the application arrive before September 1 or February 1? (If the date was missed, add to the next group of applicants)

This applicant has not had another award within the last year and this award will not exceed the limit of five (5) awards.

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ESTARL CONTINUING EDUCATION APPLICANT CHECKLIST

The following checklist is provided to assist you in items that should be checked during the review process. The Policy should be reviewed regularly and this checklist is not to replace that need. Check the boxes of those items that are correct. Place a red X, or other desired marking, to indicate that there is an irregularity.

Is the applicant sponsored by and initiated through a legally constituted Chapter of the Grand Chapter of New Mexico?

Application arrived before October 1 or April 1? (If the date was missed, add to the next group of applicants)

REVIEW OF SUBMITTED FORMS

FORM CE1, Continuing Education Application Form submitted  
School and school Registrar's address annotated on the form  
Signed by applicant  
FORM CE1 is complete

FORM 2, Chapter ESTARL Committee Evaluation and Recommendation submitted  
Signed by members of the sponsoring Chapter ESTARL Committee  
Signed by the Chapter Worthy Matron and Chapter Secretary  
Contains sponsoring Chapter seal  
The subordinate Chapter ESTARL Committee recommends approval  
FORM 2 is complete

FORM CE3, Personal Evaluation (total of three (3) forms submitted)  
Signature and evaluator's position annotated for each of the following  
Pastor or Rabbi  
Eastern Star member or Master Mason  
Neighbor or business acquaintance