

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

For those interested in applying, please contact the chapter in your region/area to express your interest. This is the form you will need to complete. There are also parts of the application process that require the chapter to complete.

POLICY FOR CONTINUING EDUCATION

The Continuing Religious Education under the Eastern Star Training Awards for Religious Leadership (ESTARL) as established by the Board of Grand Trustees of the Grand Chapter of New Mexico, Order of the Eastern Star,

The Continuing Religious Education program was established pursuant to our interest in encouraging young leaders to continue their training in the areas of religious leadership. The program is designed to encourage religious leaders to deepen their interest in religion.

The Order of the Eastern Star does not discriminate on the basis of race, color, national or ethnic origin or religious belief in the administration of its award program. Religious leaders who participate in the program are chosen solely on the basis of outstanding ability; demonstrated qualities of and interest in religious leadership.

The Order of the Eastern Star has concluded that it is in the public interest to encourage these outstanding religious leaders to continue their development. To this end, the Board of Grand Trustees of the New Mexico Grand Chapter, Order of the Eastern Star, will make available each year a sum of money for Continuing Religious Education.

Any church-employed religious leader in New Mexico desiring to continue a branch of religious work is eligible to apply for an ESTARL grant in order to attend a college, seminar, retreat, refresher course, workshop, degree program, or other approved continuing education that is in his/her chosen field of religious service.

Requirements

Applicant must be sponsored by a legally constituted Chapter of the Grand Chapter of New Mexico. The original request for the award must be initiated through the sponsoring subordinate Chapter.

Applicant must satisfy the chapter committee and the Grand Chapter ESTARL Board. 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.

Applicant's purpose must be acceptable to the Grand Chapter ESTARL Board. The maximum number of awards granted to any one student shall be five (5).

The Grand Treasurer will send a letter to the applicant, the school they're planning to attend, and the subordinate chapter informing them that the reward has been granted and the amount of the award. The Grand Treasurer will send the check directly to the organization providing the continuing education. If the student has already paid for the course he/she will need to provide a receipt for payment before the Grand Treasurer issues a check for reimbursement.

The rules and regulations of the ESTARL Continuing Education Program shall be construed, interpreted, and applied by the ESTARL Board of the Grand Chapter of New Mexico, Order of the Eastern Star, whose action and determination shall be final and binding.

Each of the following forms shall be completed by the applicant: FORM CE1 –

Continuing Education Application

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

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

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FORM CE1

CONTINUING EDUCATION APPLICATION

Applicant's Printed Name: _____
(Last) (First) (Middle)

(City) (State) (Zip) (Phone)

Date of Birth: _____ Place of Birth: _____
(Month) (Day) (Year) (City) (State)

Are you Single? _____ or Married? _____ If married, give name of spouse _____

How many are dependent on your support (not including yourself): _____

State you graduated from High School _____

Church in which you are now serving: _____ Capacity: _____

Church Address: _____

I plan to attend: _____ to begin _____
(School) (Month) (Day) (Year)

(Registrar's Address) (City) (State) (Zip)

Phone Number of School's Business Office/Cashier: (____) _____

Type of Education (College, seminar, retreat, refresher course, workshop, etc.): _____

Names of colleges, seminaries, etc., you have attended and degrees received:

What are your long-term goals? _____

What field of continuing religious education have you selected? _____

What is the estimated cost of this session of your continuing religious education? _____

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FORM CE1 (Continued)

Attach a separate sheet of your employment record. Give the name and address of employer, type of work done, and length of employment. Give the name and addresses of three mature persons, not relatives, who know you intimately and can give information about you. This should include an officer of your church, an Eastern Star and/or Master Mason, and a neighbor or business acquaintance.

An applicant is granted only one award each calendar year, not to exceed a total of five (5) awards.

After completion of the application form, please return to:

_____	_____	
(Secretary)	(Chapter Name and No.)	

(Address)		
_____ ,NM _____		
(City)	(Zip)	(Telephone)

Applicant: _____
Signature

Member of Sponsoring Chapter: _____
Signature

Worthy Matron: _____
Signature

Chapter Secretary: _____
Signature

Seal of the Chapter

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

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FORM CE3

PERSONAL EVALUATION

_____ is applying for an Eastern Star Training Award for Religious Leadership. These awards are intended for young men and women who are continuing their education in religious service.

Evaluation Area	Excellent	Good	Fair	Needs Improving	Not Observed	
Character						
Appearance						
Emotional Balance						
Sense of Humor						
Poise						
Cooperation						
Sincerity						
Integrity						
Moral Courage						
Dependability						
Leadership						

Is the applicant the kind of person who should be encouraged to continue in religious service? State fully your reason in the space below and on the reverse side if more space is needed.

 (Signature) _____
 (Date)

 (Position) _____
 (Address)

 (City) (State) (Zip) (Telephone)

Please send this evaluation form to:

 (Secretary) _____
 (Chapter Name and No.)

 (Address)

_____, NM _____
 (City) (Zip) (Telephone)