

APPLICATION FOR ESTARL AWARD

Name of applicant: _____ Age _____

Current address: _____

_____ Street _____ City _____ State _____ Zip Code _____

Phone number where you can be reached at all times: _____

Have you received an ESTARL grant previously? Yes ___ Date(s) _____ No ___

Total amount of money received from ESTARL : \$ _____

College and address you are now attending: _____

Institution you plan to attend to complete your religious training: _____

_____ Complete mailing address _____

Graduation date: _____

Iowa address to show residency: _____

Married: _____ Children: (Ages) _____

Total number in your family you are responsible for supporting, including yourself: _____

Your church affiliation: _____

Goal of your religious training: _____

Father's name/address/phone no./occupation _____

_____ Mother's name/address/phone no./occupation _____

_____ Colleges attended _____ Location _____ Degree & Date _____ GPA _____

_____ Total number of hours accumulated, including current year:(Indicate quarter or semester) _____

_____ College honors received/college student offices held: _____

_____ Religious work while in college or seminary: _____

_____ Are you or any of your relatives members of O.E.S. or Masons? _____

_____ Explain: _____

Who interested you in applying for an ESTARL Grant? _____
Summer address/phone no. where you can be reached after our July Board meeting: _____

This is of utmost importance as the money will be sent directly to you.
We appreciate publicity about our ESTARL Grant program. Please list name and address of person who will take the responsibility of seeing that a press release is in your local paper if you receive a grant. Please let them know. _____

FINANCIAL STATEMENT

(Please be as accurate as you can and do not exceed one academic year.)

| <u>COSTS</u> | <u>RESOURCES</u> |
|--------------------------------------|-------------------------------------|
| Tuition/fees _____ | Aid from applicant's family _____ |
| Spouses Tuition/fees _____ | Applicant's wages after taxes _____ |
| Books/supplies _____ | Wages of spouse after taxes _____ |
| Room & or Board _____ | Social Security benefits _____ |
| Housing/Food/Clothing _____ | Veterans benefits _____ |
| Utilities _____ | Scholarships(identify below) _____ |
| Transportation _____ | Loans (identify below) _____ |
| Medical/dental _____ | Savings _____ |
| Child care _____ | Other resources(identify) _____ |
| Debt payment total/12 mo. _____ | |
| Other expenses _____ (list below) | |

Total costs \$ _____ Total resources \$ _____

Have you applied, or do you plan to apply for any other scholarship awards?

What and for what amount? _____

How do you plan to pay your expenses not covered by awards or scholarships? _____

Please write a short statement, which includes the following:

- 1. Why you should receive an ESTARL award?***
- 2. What use you expect to make of this training?.***
- 3. Other information the board should consider.***