

CHRISTIAN SCHOLARSHIP APPLICATION FORM

REVISED FEBRUARY 2023

APPLICANT'S NAME _____

Qualifications of Applicant

1. Must be a permanent resident of Tennessee.
2. Must be preparing for full time Christian Service as: Ministers, Missionaries, Directors of Church Music, Directors of Religious Education, or Directors of Youth Leadership. (All Directors must be full-time employees of a church.)
3. Must be **attending an accredited college** of his or her choice - minimum of 12 hours undergraduate, 9 hours graduate classes, or 6 hours doctoral classes, unless otherwise limited by the college. (Letter from Registrar regarding limit of fewer hours, as in the case of some student pastors.) **Remember: applicant must be at least a Junior if undergraduate for the year of the scholarship.**
4. Must be sponsored by a Subordinate Chapter and have a proven financial need.
5. Does not have to have a Masonic relationship.
6. **Only one (1) award per school year** is granted to a student and is subject to renewal. Do **not** apply for both Youth and Christian Scholarships. All renewal applications are submitted each year in exactly the same manner as a new application. Be sure to mark if the application is new or renewal. **All scholarship money is paid to the institution for tuition and books only.**
7. The applicant must have all information turned in to the Subordinate Chapter by **January 1** to allow time for the Chapter to get all forms mailed to the Grand Chapter Committee postmarked no later than **February 1**.

Chapter Secretary: Please be sure all information is enclosed and correct before mailing this application to the Grand Chapter Committee Chairman. **This information must be postmarked by February 1.**

APPLICATION CHECKLIST: BY SUBORDINATE CHAPTER

- _____ 1. Enclosed is the completed and signed application (no blanks allowed).
- _____ 2. Photograph of student.
- _____ 3. Letter of recommendation from applicant's pastor or immediate superior.
- _____ 4. Letter of recommendation from the Eastern Star Chapter sponsoring the applicant. (This letter must be under the seal of the Chapter.)
- _____ 5. Transcript of fall semester grades preceding the application and all grades pertaining to this scholarship.
- _____ 6. Letter written by the applicant setting forth his/her education up to the point of filing this request for assistance and their goals for the future.
- _____ 7. Report of Sponsoring Chapter Investigating Committee/signed by committee

**SUBORDINATE CHAPTER COMMITTEE REPORT
CHRISTIAN SCHOLARSHIP**

1. NAME OF APPLICANT _____
2. IS APPLICANT A PERMANENT RESIDENT OF TENNESSEE?
YES _____ NO _____
3. IS NEED FOR FINANCIAL ASSISTANCE EVIDENT? YES _____ NO _____
GIVE DETAILS _____
4. DOES THE ACADEMIC RECORD OF THE APPLICANT JUSTIFY
CONSIDERATION FOR THIS SCHOLARSHIP? YES _____ NO _____
5. DOES APPLICANT CLEARLY IDENTIFY HIS/HER PLANS FOR STUDY AND
GOALS FOR THE FUTURE? YES _____ NO _____
6. ARE ALL REFERRED LETTERS OF RECOMMENDATION INCLUDED WITH THE
APPLICATION? YES _____ NO _____
7. IN YOUR INVESTIGATION, HAVE YOU FOUND THE APPLICANT TO BE OF
UNQUESTIONABLE CHARACTER AND WORTHY OF ASSISTANCE FROM THE
ORDER OF THE EASTERN STAR? YES _____ NO _____
8. DO YOU KNOW OF ANY REASON WHY THIS APPLICANT WOULD NOT BE
ELIGIBLE FOR OR IN NEED OF THE SCHOLARSHIP? YES _____ NO _____
IF YES, PLEASE EXPLAIN _____

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THIS SPACE IS FOR SUBORDINATE CHAPTER COMMITTEE ONLY

CHAPTER NAME AND NUMBER _____

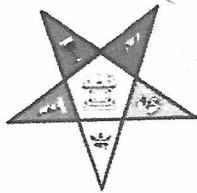
DATE APPROVED BY CHAPTER _____

_____ CHAIRMAN

_____ MEMBER

_____ MEMBER

COMMITTEE CONTACT PERSON AND PHONE NUMBER _____



CHRISTIAN SCHOLARSHIP APPLICATION FORM:

Revised February 2023

(Applicant Fill Out/No Blanks)

New _____ Renewal _____

NAME _____ SSN _____

STREET ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP CODE _____

AGE _____ ANNUAL INCOME _____ IF MARRIED, GIVE:

SPOUSE'S NAME _____ ANNUAL INCOME _____

OCCUPATION _____ IF SINGLE, GIVE:

FATHER'S NAME _____

STREET ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ PHONE _____

OCCUPATION _____ ANNUAL INCOME _____

MOTHER'S NAME _____

STREET ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ PHONE _____

OCCUPATION _____ ANNUAL INCOME _____

ARE YOU A CHURCH MEMBER _____ NAME OF CHURCH _____

CHURCH STREET ADDRESS _____

ARE YOU CURRENTLY ATTENDING COLLEGE?_____

YOUR PRESENT GRADE LEVEL_____

NAME, FULL MAILING ADDRESS, AND PHONE # OF THE FINANCIAL AID OFFICE OF
THE SCHOOL YOU WILL BE ATTENDING:

WHAT YEAR DO YOU EXPECT TO GRADUATE?_____

AMOUNT OF TUITION FOR THE COMING YEAR?_____

HOW ARE YOU PLANNING TO MEET THE COST?_____

IF GRANTED THIS SCHOLARSHIP, DO YOU FAITHFULLY PROMISE TO MAKE AN
EARNEST EFFORT TO PREPARE YOURSELF THOROUGHLY FOR THE CHRISTIAN
SERVICE OUTLINED ABOVE?_____

SIGN:_____DATE_____

Applicant must enclose with this application (no blanks allowed - financial a must) before sending to Subordinate
Chapter:

1. Photograph of student
2. Letter of recommendation from his/her pastor.
3. **Transcript of fall semester grades preceding application** and all grades pertaining to this scholarship.
4. Letter written by the applicant setting forth his/her education up to the point of filing this request for assistance and his/her goals for the future.

THIS SPACE IS FOR GRAND CHAPTER CHRISTIAN SCHOLARSHIP COMMITTEE ONLY:

DATE APPROVED_____CHAIRMAN_____

DATE APPROVED_____SECRETARY_____

DATE APPROVED_____MEMBER_____