

Recommendation from Pastor
For an
Eastern Star Training Award for Religious Leadership

Name of Applicant: _____

Phone number: _____

Is the Applicant a member of your Church? _____

How long have you known the Applicant? _____

Is it your opinion that the Applicant has dedicated his/her life to full time Religious Service? _____

Is it your belief that the Applicant is financially unable to attend college without assistance? _____

Do you personally recommend this Applicant to receive an award for study in the field of Religious education? _____

If so, please give reasons: _____

Please note any facts concerning the Applicants character, home, and any other influences which would be of value to the committee in determining the award of an ESTARL Award.

Date: _____

Signature: _____

Church: _____ Address: _____

Phone # _____

Name _____ Address _____ of Chairman

Return to the Chairman of the ESTARL Committee: