

## ESTARL Award Application Part 4, OES Chapter Report

Deadline: All forms must be returned on or before
May 1. They may be uploaded as a Word doc or PDF
at: www.ndeasternstar.org/estarl-chapter/
Or mailed to:
Cindy Schwab, Grand Secretary

Cindy Schwab, Grand Secretary 1405 3<sup>rd</sup> ST. N. Fargo, ND 58102

Confidential statement by	y a local OES chapter regarding t	he ESTARL Applicant named

Candidate's Address:

Candidate's Phone Number & Email Address:

Please give a complete evaluation of the applicant:

	Excellent	Good	Fair	Poor
Personal Appearance				
Health				
Dependability				
Integrity				
Seriousness of Purpose				

## **Applicant or Family Interview**

Is the applicant related to any member of your chapter?:

If yes, please provide names of chapter member(s) and relationship(s):

Is the applicant married?:

Does applicant have any children?:

If yes, list ages:

Would you classify the applicant as a leader or a follower?:

From your interview, what financial assistance does she/he need?:

Give brief facts concerning the applicant's parents & family:

Give any other facts that would aid the committee in their consideration of the applicant:

Submitted by
Worthy Matron:
Worthy Patron:
Secretary:
Chapter: