

Investigation Committee Form

Members Appointed: _____

Reminder to Investigating Committee: Please keep in mind that ESTARL Scholarships are based upon a financial need in making your investigation and decision. All information listed below shall be CONFIDENTIAL between Chapter Investigating Committee and Grand Chapter ESTARL Committee.

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

Applicant's Address: _____ Age: _____

Applicant's Family Status: (Married) (Single) Number of Children and Ages: _____

Applicant's Income (Estimate) _____ Spouse's Income (Estimate) _____

Father's Name: _____ Occupation: _____

Father's place of employment: _____

Mother's Name: _____ Occupation: _____

Mother's place of employment: _____

Father's Annual Salary (Estimate) _____ Mother's Annual Salary (Estimate) _____

Other sources and amount of Family Income: _____

Other members of Family: Number of Brothers: _____ Ages: _____

Number of Sisters: _____ Ages: _____

Are there any other person living in the home and being supported by this family income?

Explain: _____

List below any other information that might be important in the consideration of this application for an ESTARL Scholarship:

We, the Committee on Investigation, (Approve) (Disapprove) this Scholarship Application

Signed: _____

