

STAR Scholarship Academic Verification Form

LAST NAME	FIRST NAME	MI
ADDRESS	EMAIL	
CITY & STATE	ZIP	PHONE

	YES	NO
1. ARE YOU A RESIDENT OF HIDALGO COUNTY?	_____	_____
2. ARE YOU A GRADUATING SENIOR?	_____	_____
3. IN PUBLIC/PRIVATE/HOMESCHOOL IN HIDALGO COUNTY?	_____	_____
4. CURRENTLY IN AP CLASSES?	_____	_____
5. CURRENTLY IN CONCURRENT ENROLLMENT?	_____	_____
6A. HAVE YOU EXHIBITED AT STAR BEFORE?	_____	_____
6B. IF YES, HOW MANY YEARS?	_____	_____
7. WILL YOU BE EXHIBITING IN 2025?	_____	_____
8. CURRENT 4-H MEMBER IN HIDALGO COUNTY?	_____	_____
9. CURRENT FFA MEMBER IN HIDALGO COUNTY?	_____	_____

LIST YOUR CURRENT GPA (WEIGHTED ON A 100-PT SCALE) _____

4-H CLUB NAME (IF APPLICABLE)	NUMBER OF YEARS IN 4-H
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FFA CLUB NAME (IF APPLICABLE)	NUMBER OF YEARS IN FFA
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I certify that the information contained herein is correct and truthfully reflects my personal, 4-H/FFA and academic background and records. I agree that, if any information contained herein is found to have been falsified in any way, my application will automatically become null and void, and agree to forfeit any award that I may be eligible for or have already received. I agree that I have read and will abide by scholarship rules and guidelines.

APPLICANT SIGNATURE	DATE
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PARENT/GUARDIAN SIGNATURE	DATE
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I certify that this applicant has been enrolled in the 4-H/FFA program during the required time frame as indicated by the eligibility requirements, and I recommend the applicant and his/her application to be considered for a STAR Scholarship.

CLUB MANAGER/CHAPTER ADVISOR	DATE
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