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 2027?		
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

FFA CLUB NAME (IF APPLICABLE) | NUMBER OF YEARS IN FFA

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

PARENT/GUARDIAN SIGNATURE | DATE

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