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Please read carefully and print clearly.

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**Certification and Release Form ▼**

- 1 I certify that all information on this application is complete and accurate to the best of my knowledge.
- 2 I understand that I am applying for a scholarship for the 2018/2019 academic year only, for one or both Fall 2018 and Spring 2019 semesters.
- 3 I understand that "full-time" undergraduate/community college is 12 credit hours and that "full-time" graduate is 9 credit hours. I further understand that Stars accepts "part-time" enrollment at community colleges and can make some exemptions at a minimum of 6 hours and is subject to approval.
- 4 I certify that I have read the application criteria and instructions, sections 1 - 4 and I meet all eligibility requirements as specified in this application.
- 5 I understand that I must submit an Update Request Form (*available on the Stars homepage*) to Stars immediately with any changes to the information I have provided on this application in regards to address, email or 2018/2019 academic information.
- 6 I understand that Stars will communicate with me via email to the email address I have provided on my application only. Furthermore, I understand that it is my responsibility to check this email address, including junk/Spam folders continually throughout the processing period.
- 7 I understand that I may only receive one scholarship administered by Stars per academic year, to be applied towards tuition costs and fees only.
- 8 I understand that in order for my application to be considered, I must submit all the required documents in the application instructions, in addition to my application, by the postmark deadline of **March 30, 2018 5:00pm CST**. No extensions will be given. I understand that application materials become the property of Stars and will not be returned.
- 9 I understand that Stars recommends that I keep copies of all documents dropped off, mailed and/or faxed items, as well as keep track of dates items were submitted in case the documents do not reach the Stars office.
- 10 I understand that my application will be reviewed in an objective and unbiased manner based on information provided in my application and I understand that ALL Stars decisions for recipient selections are non-negotiable and final.
- 11 I understand that Stars has limited funds and cannot and will not award every applicant that applies. Furthermore, I understand Stars will not send regret notifications and is not obligated to share the reasons I was not selected with me.
- 12 I understand that it is my responsibility to create a Stars account and log in to my account and view my status via the Stars website at **www.starsscholarship.org** continually during the processing period to see if I was selected as a recipient or if Stars requires further documentation.
- 13 I understand that the Stars scholarship is not guaranteed to me or anyone, including past recipients.
- 14 I understand that should I be selected as a recipient, Stars will provide me with an Award Letter and a Letter of Acceptance, both of which will ONLY be posted to my Stars account. I understand that I must respond within a set deadline and I must return my forms as specified by the deadline provided to Stars. I understand it is my responsibility to ensure Stars receives my documents before the set deadline. Stars will not extend deadlines for any reason.
- 15 In addition, I understand that should I be selected as a recipient, I will be held to enrollment and GPA criteria as indicated on my award letter in order to remain a Stars Scholarship recipient.
- 16 I understand that should I be selected as a recipient, I may be asked to represent Stars as a volunteer at fundraisers, as a speaker or as a subject in marketing campaigns.
- 17 I hereby authorize Stars Scholarship Fund to utilize information about and from my scholarship application and my likeness for public relations purposes, publicity, or other scholarship opportunities.
- 18 I hereby give consent to my school to release financial or academic/enrollment information to Stars Scholarship Fund to be used to verify eligibility for this scholarship.
- 19 I hereby authorize my college/university to release all requested information above, pursuant to the requirements of the Family Educational Rights and Privacy Act (FERPA)

**By signing below, I certify that I have read this application and the Certification and Release portion (1 through 19) and understand and accept all conditions.**

Applicant's Name (Print): \_\_\_\_\_ Last 4 SSN Digits: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ /2018

**Mailing Address**

Stars Scholarship Fund  
P.O. Box 3068  
McAllen, Texas 78502

**Contact Info:**

Phone: 956.994.3271  
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