



Application for Friends Graduate Certificate

Please allow three weeks for processing prior to awards ceremony

Office Use Only Friends Graduate #

PLEASE PRINT OR TYPE

SECTION _____	Coordinator _____
Girl's Name _____	Birth Date _____ Grade _____
Church Name _____	Sponsor's Name _____
Church Address _____	Sponsor's Address _____
_____	_____
_____	_____

Sponsor's E-mail _____ **Please print legible!**

_____ **Mail to church**

_____ **Mail to sponsor**

Date Review Passed ____/____/____ Score _____

Review Board Member Signature _____

Review Board Member Signature _____

Review Board Member Signature _____

I have completed my Journal Pages

I have read the entire Bible while I was a Friend club member

NOTE: Credit for reading the New Testament during Stars does not count for Friends Graduates.

Girl's Signature _____

Sponsor's Signature _____

Date ____/____/____

Date of local Girls Ministries Celebration or Awards Ceremony ____/____/____

DATE TO BE PRINTED ON CERTIFICATE ____/____/____

Pastor's Signature _____ Date ____/____/____

Mail this form to: [Alpha Scarborough DGMD, 102 Monaco Circle, Clemson, SC 29631](mailto:AlphaScarboroughDGMD@Clemson.edu)
[864-654-4585 / 864-650-1679](tel:8646544585)

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Charter Date ____/____/____ Application received ____/____/____ Certificate sent ____/____/____