



Application for Honor Star Certificate

Please allow three weeks for processing prior to awards ceremony

Office Use Only
Honor Star #

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 Activity Pages

I have read the entire New Testament

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 Scarbrough DGMD, 102 Monaco Circle, Clemson, SC 29631](mailto:Alpha_Scarbrough_DGMD@Clemson.edu)
[864-654-4585 / 864-650-1679](tel:864-654-4585)

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