

Once you have submitted your application, Stars Scholarship Fund requires this form to be submitted in order for any changes to be made to your file. It is our policy to not make any changes to your file without your written consent and authorized signature.

I need to update the following information on my 2017/2018 Stars Scholarship application.

Changes to Section 1 **Change to:**

Social Security Number _____

Primary Email Address _____

Secondary Email Address _____

Mailing Address _____

Cell Phone Number _____

Date of Birth _____

Citizenship Status _____

Changes to Section 2 **Change to:**

Funding Needs _____

High School Name _____

High School Graduation Year _____

Changes to Section 3 **Change to:**

2017/2018 School _____

Student ID _____

2016/2017 School _____

Changes to Section 4 **Change to:**

2017/2018 Grade Level _____

2017/2018 Expected Degree _____

Expected Graduation Date _____

Major _____

Exemption Request Due to Program Requirements _____

Additional Notes or Explanation (*if needed*):

By signing below, I certify that the information I am providing is correct and accurate to the best of my knowledge. Furthermore, I authorize Stars Scholarship Fund to update my application as instructed above.

Applicant's Name (Print): _____

Last 4 SSN Digits: _____

Applicant's Signature: _____

Date: _____ / _____ /2017

This form can be submitted to Stars Scholarship Fund via:

Fax to 956.928.0327

Scan and Email to helpdesk@starsscholarship.org

Upload to your Stars Account via our website www.starsscholarship.org

Due to time constraints, do not mail this form.