# Honor Star Review (NIV) & Application

Girl's Name _____ Birthdate _____

Church Name _____ Sponsor's Name _____

Church Address _____ Sponsor's Address _____

_____ _____

_____ _____

Date Review Passed ___/___/___ Grade _____

Review Board Member Signature _____

Review Board Member Signature _____

Review Board Member Signature _____

Complete this portion before sending this review cover page to your district Girls Ministries coordinator.

I have completed my Activity Pages.
I have read the entire New Testament.
I have lived by the Girls Ministries Code of Conduct.

Girl's Signature _____

Sponsor's Signature _____

Date _____

Date of Celebration ___/___/___

Pastor's Signature _____ Date _____

**Send to your district Girls Ministries coordinator. Do you want the certificate to be sent to your church address or sponsor's address? (circle one)**

**For District Use Only**

**Application received** ___/___/___ **Certificate sent** ___/___/___

**Address sent to:**

_____

_____

_____