DELAWARE DIVISION OF SMALL BUSINESS

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2026 STAR Fund Program Employer Endorsement Form

Applicants: Please have this form completed by your immediate supervisor to certify your current employment status at your company, performing work in a qualifying job field. Your employer should return the form to you, to be submitted with your application materials.

Employers: Please complete this form in its entirety to certify that you support your employee's eligibility for, and application to, the STAR Fund Program.

ALL PERTINENT QUESTIONS MUST BE ANSWERED FOR ELIGIBILITY

Applicant to Complete:

1. Applicant Legal Name: _____

2. Applicant Job Title: _____

Employer to Complete:

3. Is the Applicant a full-time employee[1]? _____

4. What level position is this at your company? _____

5. Please provide duration of employment in that role: _____

6. Please give a short description of the Applicant's regular duties & responsibilities:

_____

_____

_____

7. What is the Applicant's salary band? $_____

Employer Information:

8. Organization Legal Name: _____

9. Organization Address: _____

_____

[1] For the purposes of this program, full-time is defined as being employed by a business for a minimum of at least 35 hours/week or rendering any other standard of service generally accepted by custom or practice as full-time employment, with wages subject to withholding.

10. DE Tax ID #: _____

11. NAICS ID#: _____

12. Industry or Sector:

__ Life, natural or environmental sciences

__ Computer information or software technology

__ Advanced mathematics or finance

__ Engineering

__ Medical device technology.

13. Please describe your company's primary function:

_____

14. Name of individual completing this form:

_____

15. Title of individual completing this form:

_____

16. Email address of individual completing this form:

_____

17. Phone number of individual completing form:

_____

18. How long have you been supervising this Applicant? _____

Optional Employer Information:

19. How many employees are there in your company? _____

20. If your company has multiple locations, how many employees are in your DE location(s)?

_____

Employer Certification:

I (Applicant Supervisor) hereby certify that the answers to all questions in this form are true to the best of my knowledge and belief.

Signature: _____ Date: _____