Tarkington Student Foundation Application

Section 1: Enrolled student is to complete this section

Section 2: Institution is to complete this section **or** attach fee statement from the Institution

Application of Verification of Student Enrollment must be completed and submitted within 20 months of graduation.

Return to

Alyna Hitchcock
Tarkington ISD Central Office
2770 FM 163
Cleveland, TX 77327

Phone: 281-592-8781
Fax: 281-592-3969
Email: ahitchcock@tarkingtonisd.net

Section 1

Student Name_____

Social Security # or Student ID_____Email _____

Address _____Phone Number_____

City_____ State_____ Zip _____

Date Enrolled _____ Area of Study _____

Student Signature _____ Date_____

Section 2 (Attach fee statement if available.)

Institution Name_____

Contact Person _____

Address _____

City _____State _____Zip _____

Phone Number _____Fax Number _____

Please give instructions below for sending scholarship to your institution on behalf of the above named students:

_____

Signature of Institution Representative _____

Title _____Date _____

For Foundation Use Only

Eligibility Verified	Enrollment Verified	Payment Processed	Check #	Amount
☐	☐	☐	_____	$ _____