

Tarkington Student Foundation Verification of Student Enrollment

Section 1: Enrolled student is to complete this section

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

Return to Sandy Abke
 Tarkington ISD Central Office
 2770 FM 163
 Cleveland, TX 77327

Phone: 281-592-8781
Fax: 281-592-3969
Email: sbrackett@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 To be completed by Institution if no fee statement is available.

Institution Name _____
Contact Person _____
Address _____
City _____ State _____ Zip _____
Phone Number _____ Fax Number _____

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

Signature of Institution Representative _____

Title _____ Date _____