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Scholarship Recipient Data Sheet

Recipient Name:			
Permanent Address:			
City/State/Zip:			
Telephone:		Cell:	
Social Security Number:		Email:	
School Name:			
Contest Level (please circle):	School Final	County Final	
Category (please circle):	Declamation	Interpretive Reading	
Placement (please circle):	First Place	Second Place	
Current Grade:		Anticipated Graduation:	
Parents / Legal Guardians:			
Father:		Mother:	
Home Address:		Home Address:	
City: State: Zip:		City: State: Zip:	
Home Phone: ()		Home Phone: ()	
Work Phone: ()		Work Phone: ()	
Cell Phone: ()		Cell Phone: ()	
Email:		Email:	
Student Signature:			
School Director Signature: (Signature:	ure indicates that th	te above information is correct.)	
Date Submitted:		Revised 8/2	1/18

Please return this form to:

Stark Foundation, Attn: Drew Whatley, P.O. Box 909, Orange, Texas 77631-0909 Telephone: 409-466-8321 ext. 3032 Fax: 409.883.3530 Email: src@starkfoundation.org