

NELDA C. AND H.J. LUTCHER STARK FOUNDATION

Request for Scholarship Funds

(To Be Completed and Submitted by College or University Financial Aid Department
for the benefit and on behalf of a Stark Reading Contest Scholarship Recipient Enrolled There)

DATE: _____, 20____

TO: Nelda C. and H.J. Lutcher Stark Foundation
P.O. Box 909, Orange, TX 77631-0909
ATTN: Phyllis Woodford, Scholarship Coordinator
Email: pwoodford@starkfoundation.org
Phone: 409-883-3513 Fax: 409-883-3530

Please Complete the Following Information:

Name of Scholarship Recipient/Enrolled Student: _____

Recipient's College ID#: _____

Requested Amount from Scholarship Award: \$ _____

Name of Accredited College or University: _____

Semester/Year Enrolled: _____

Full Time Student (please initial): Yes _____ No _____ Current GPA: _____

NOTE: If recipient previously received partial funds and this request is for the balance of funds,
please attach a certified copy of the student's prior semester grades.

Academic Degree Program: _____

Office/Address to which requested amount of scholarship funds should be directed/delivered:

College or University (Requestor): _____

Department: _____

Contact/Attention: _____

Address: _____

Phone Number: _____

College TIN Number: _____

NOTICE TO/ACKNOWLEDGMENT BY REQUESTOR:

Once remitted and received, Requestor acknowledges that the referenced scholarship funds will be applied toward the specific qualified expenses more particularly described in the Certificate of Scholarship previously issued to the Scholarship Recipient. A copy of the Certificate will be enclosed with the scholarship funds for reference.

Please acknowledge the understanding and agreement that all scholarship funds remitted pursuant to this Request may **only** be applied to tuition and fees required for enrollment or attendance of the named Scholarship Recipient at the accredited college/university submitting this Request **and/or** for books, supplies and equipment required for courses of instruction at such institution, per Section 117 of the Internal Revenue Code.

Authorized representative for and on behalf of the College or University named above:

Signature: _____

Printed Name: _____

Title: _____

**FAMILY EDUCATIONAL RIGHTS & PRIVACY ACT (FERPA)
AUTHORIZATION FORM FOR
STUDENT CONSENT TO RELEASE INFORMATION**

For Stark Reading Contest Scholarship Confirmation

The Family Educational Rights and Privacy Act (FERPA) of 1974 is a federal law designed to protect the privacy of a student's education records. Educational records include student account, financial aid, and academic records, which are considered confidential and may not be released without written consent from the student. Due to FERPA laws, it is necessary for the various recordkeeping departments at the administration offices of the college or university in which a student is enrolled to obtain written consent from the student in order to release any account, financial aid, and/or academic information of a student to a third party. If a student desires for his/her academic institution to release information about his/her account, financial aid and/or academic records to a third party (such as the Stark Foundation) for scholarship verification purposes, the institution must first receive written authorization from the student, whether in a form provided by that institution or by the student's completion of this Consent Form.

STUDENT INFORMATION:

Name (please print clearly): _____

Student ID: _____ (“Student”)

Name, Address, Phone of College/University/Academic Institution (“Institution”):

AUTHORIZATION FOR RELEASE OF INFORMATION:

I, the above-named Student, authorize the Institution to release (1) any material documents or, alternatively, (2) the entire contents of my student files pertaining to financial, academic, personal, and all other records held by the institution, as may be specifically requested by the Nelda C. and H.J. Lutcher Stark Foundation (“Stark Foundation”) and/or its authorized representatives (the “Records”). The Records may include, but are not limited to, the following:

1. All Financial Aid Records (records include: status of file, award and disbursement of funds information, Satisfactory Academic Progress status, income information, and any other information contained in the Academic, Admissions, Placement/Career Services, Financial Aid, or any similar file);
2. All Academic/Transcript Records (records include: transcripts, admission and registration information, schedule information, assessment test scores, Satisfactory Academic Progress status, residency information, and any other documentation contained in the academic records);

3. All Student Account Records (records include: amounts due for tuition and fees, sources of payment for tuition and fees, refund information, records hold information as it relates to parking tickets, library fines, financial aid repayments, and any other accounts receivable information contained in student account records);
4. Instructor/Classroom Records (records include: attendance records, progress reports, test and homework scores if available); and
5. Other (please specify): _____

_____.

I authorize the Institution to release my Records to the Stark Foundation and its authorized representatives for purposes of validation by the Stark Foundation of my eligibility with regard to a Stark Reading Contest scholarship as well as any other purposes related to an award to me of a scholarship for the specified academic year. I further authorize the Institution and its authorized representatives to discuss my student records with the Stark Foundation and its authorized representatives as necessary to confirm my eligibility for the receipt of scholarship funds from the Stark Foundation and/or the application of such funds by the Institution on my behalf.

This release remains in effect until I revoke such consent in writing and the written revocation is delivered to the Institution and the Stark Foundation or its authorized representatives and processed. I understand that any such revocation will not affect disclosures previously made by the institution or the Stark Foundation prior to the receipt and processing of any such revocation.

By my signature, I acknowledge my understanding that, even though I am not required to release my records to any third parties, including the Stark Foundation, I am giving my consent to release the information. I will hold the Stark Foundation and the Institution harmless from any and all liability for the release of the Records made pursuant to this Authorization.

I verify that the above statements are accurate and complete, and I further verify that I am the student indicated above.

Signature: _____

Printed Name: _____

Date: _____