

# SPONSOR VERIFICATION FORM

for  
**Teresan Scholarship**

Regarding: \_\_\_\_\_ Type of funding requested:

(Name of applicant)

\_\_\_ Undergraduate

\_\_\_ Graduate

\_\_\_ Continuing Education

I am pleased to sponsor \_\_\_\_\_  
(Applicant)

my \_\_\_\_\_ as an applicant for a Teresan Scholarship.  
(Relationship to sponsor)

\_\_\_\_\_ **Yes, I am a current paid member of the  
Alumnae Association of the College of Saint Teresa.**

## **SPONSOR:**

Name: \_\_\_\_\_  
First Maiden Last

Address: \_\_\_\_\_

\_\_\_\_\_ city state zip code

Graduation year or year(s) attended \_\_\_\_\_ Home Phone # \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN TO APPLICANT**