



# *Teresan Scholarship Fund*

*Alumnae Association of the  
College of Saint Teresa*

*357 Gould Street, Winona MN 55987*

*Phone / Fax (507) 454-2930  
info@cstalums.org*

## **Agreement for Use of Funds**

Name: \_\_\_\_\_  
First Maiden (if applicable) Surname

Address: \_\_\_\_\_  
Street City State Zip

**The Teresan Scholarship Fund has awarded me \$ \_\_\_\_\_  
so that I may attend \_\_\_\_\_.**  
College/Institution name

As the recipient of the scholarship money, I agree to the following:

- 1) to expend the amount given solely for the purpose stated in my application; and
- 2) to supply the Teresan Scholarship Fund with a completed **Evaluation Form** within **twelve months** of receipt of the funds.

**I accept the terms of this agreement.**

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

\* \* \* \* \*  
\*

**\*\* OPTIONAL \*\***  
**THE FOLLOWING IS THE NAME AND ADDRESS OF MY LOCAL NEWSPAPER**  
**I GIVE MY PERMISSION TO NOTIFY THIS NEWSPAPER OF MY AWARD.**

\_\_\_\_\_  
Newspaper Name Email Address or Website City State