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

Evaluation Form

Name: _____
First Maiden (if applicable) Last

Address: _____
Street City State Zip

Amount received: _____ Institute Attended: _____

1) **This form must be returned to the Teresan Scholarship Fund office no later than twelve months from date of receipt, per your agreement.**
2) **A copy of your transcript or other verification of attendance at the institution you indicated must accompany this form.**

Evaluation Report:

Goals and objectives:

What progress have you made toward attaining your goals and objectives?

How did you spend your award?

_____
Signature Date

THIS IS NOT A REAPPLICATION FORM

Revised 09/07