

TERESAN SCHOLARSHIP GRADUATE APPLICATION

APPLICANT: _____

FIRST
MAIDEN
LAST

ADDRESS: _____

STREET
CITY
STATE
ZIP

HOME PHONE: (____) _____ **CELL PHONE:** (____) _____

DATE OF BIRTH: ____/____/____ **E-MAIL ADDRESS:** _____

UNDERGRAD COLLEGE OR UNIVERSITY ATTENDED/ATTENDING: _____

YEAR OF GRADUATION: _____ **MAJOR FIELD OF STUDY:** _____

GRADUATE COLLEGE OR UNIVERSITY YOU PLAN TO ATTEND/ARE ATTENDING:

NAME OF INSTITUTION: _____

CITY, STATE : _____

SPONSOR: _____

FIRST
MAIDEN
LAST

ADDRESS: _____

STREET
CITY
STATE
ZIP

HOME PHONE: (____) _____ **CELL PHONE:** (____) _____ **CST CLASS YEAR** _____

THE FOLLOWING ITEMS ARE REQUIRED:

- A. COMPLETED **APPLICATION FORM**
- B. COMPLETED **SPONSOR VERIFICATION FORM**
- C. AN **ESSAY** WHICH MUST INCLUDE 1) EDUCATIONAL GOALS, 2) FINANCIAL NEED, 3) COMMUNITY/VOLUNTEER SERVICE, 4) WORK HISTORY, AND 5) ACTIVITIES (2-PAGE LIMIT)
- D. A **LETTER OF RECOMMENDATION** FROM A TEACHER, COUNSELOR, SUPERVISOR, ETC. (MUST BE CURRENT, WRITTEN WITHIN 6 MONTHS OF APPLICATION.)
- E. **OFFICIAL TRANSCRIPT** – GRADUATE TO DATE (if applicable) *or* UNDERGRADUATE
 - IF FIRST YEAR GRADUATE STUDENT, PLEASE INCLUDE **LETTER OF ACCEPTANCE** FROM GRADUATE SCHOOL
- F. GRE OR OTHER PROFESSIONAL **EXAM SCORES** (if applicable)
- G. A NON-REFUNDABLE **CHECK FOR \$25** PAYABLE TO: *TERESAN SCHOLARSHIP FUND*

I WOULD LIKE MY APPLICATION TO BE CONSIDERED FOR THE
JULY 1, 20 ____ or NOVEMBER 1, 20 ____ DEADLINE

ALL APPLICATION MATERIALS (A-G) MUST BE RECEIVED IN ONE MAILING
 PRIOR TO OR ON THE DEADLINE DATE,
 OR THE ENTIRE PACKET WILL BE RETURNED TO APPLICANT.