

TERESAN SCHOLARSHIP FUND

TERESAN ENRICHMENT APPLICATION

SISTERS OF SAINT FRANCIS CURRENT MEMBER – Self Sponsored

NAME: _____
FIRST MAIDEN LAST CST YEAR (if applicable)

ADDRESS: _____
STREET CITY STATE ZIP

HOME PHONE: (____) _____ WORK PHONE: (____) _____

CELL PHONE: (____) _____ E-MAIL: _____

UNDERGRADUATE DEGREE (if applicable): _____

GRADUATE DEGREE (if applicable): _____

FUNDS TO BE USED FOR: RETREAT / WORKSHOP / SEMINAR / COURSE / LESSONS AT:

NAME OF INSTITUTION / PLACE _____

CITY, STATE _____

SUBJECT _____ DATE _____

OTHER FUNDING OPTIONS (e.g. Sisters of Saint Francis, parish, employer, foundation/grant, project, etc.):

SOURCE _____ TOTAL FUNDING \$ _____

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THE FOLLOWING ITEMS ARE REQUIRED:

FOR OFFICE USE ONLY:
CST ID: OSF

- A. COMPLETED **APPLICATION FORM**
- B. AN **ESSAY** WHICH MUST INCLUDE 1) EXPERIENTIAL GOALS, 2) FINANCIAL NEED, 3) COMMUNITY/VOLUNTEER SERVICE, 4) WORK HISTORY, AND 5) ACTIVITIES (2-PAGE LIMIT)
- C. COPY OF **RETREAT BROCHURE, COURSE INFORMATION** AND/OR **PROJECT OUTLINE**
- D. **COURSE FEE AND COSTS** (E.G., FEES, TRAVEL, MEALS, ETC.)
- E. A NON-REFUNDABLE **CHECK FOR \$25** PAYABLE TO: *TERESAN SCHOLARSHIP FUND*

I WANT MY APPLICATION TO BE CONSIDERED FOR THE

(MONTH) _____ 1, 20____ DEADLINE

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

RETURN TO: TERESAN SCHOLARSHIP FUND, 357 GOULD ST, WINONA, MN 55987