

TERESAN SCHOLARSHIP FUND TERESAN ENRICHMENT APPLICATION

APPLICANT – MUST BE A PAID MEMBER OF CST ALUMNAE ASSOCIATION :

NAME: _____
FIRST
MAIDEN
LAST
CST YEAR

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: WORKSHOP / SEMINAR / COURSE AT:

NAME OF INSTITUTION / PLACE _____

CITY, STATE _____

SUBJECT _____ DATE _____

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

SOURCE _____ TOTAL FUNDING \$ _____

SOURCE _____ TOTAL FUNDING \$ _____

SOURCE _____ TOTAL FUNDING \$ _____

THE FOLLOWING ITEMS ARE REQUIRED:

FOR OFFICE USE ONLY:	
CST ID: _____	#YRS: _____

- 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 COURSE INFORMATION AND/OR PROJECT OUTLINE
- D. COURSE FEE AND COSTS (E.G. CHILD CARE, TRAVEL, 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