

TERESAN SCHOLARSHIP 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 _____

CITY, STATE _____

SUBJECT _____ DATE _____

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

SOURCE _____ TOTAL FUNDING \$ _____

SOURCE _____ TOTAL FUNDING \$ _____

SOURCE _____ TOTAL FUNDING \$ _____

THE FOLLOWING ITEMS ARE REQUIRED:

- A. COMPLETED **APPLICATION FORM**
- B. AN **ESSAY** WHICH MUST INCLUDE 1) EDUCATIONAL GOALS, 2) FINANCIAL NEED, 3) COMMUNITY/VOLUNTEER SERVICE, 4) WORK HISTORY, AND 5) ACTIVITIES (*2-PAGE LIMIT*)
- C. COPY OF **COURSE INFORMATION**
- 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