TERESAN SCHOLARSHIP
CONTINUING EDUCATION
APPLICATION

APPLICANT – MUST BE A PAID MEMBER OF CST'S 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 $ _____

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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 $10** 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