

SPONSOR VERIFICATION FORM

for
Teresan Scholarship

Regarding: _____ Type of funding requested:

(Name of applicant)

___ Undergraduate

___ Graduate

___ Continuing Education

I am pleased to sponsor _____
(Applicant)

my _____ as an applicant for a Teresan Scholarship.
(Relationship to sponsor)

_____ **Yes, I am a *current paid* member of the
Alumnae Association of the College of Saint Teresa.**

SPONSOR:

Name: _____
First Maiden Last

Address: _____

_____ City State Zip

Graduation year or year(s) attended _____ Home Phone # _____
email: _____

Signature: _____ Date: _____

PLEASE RETURN TO APPLICANT