

TERESAN SCHOLARSHIP UNDERGRADUATE APPLICATION

APPLICANT:

FIRST

MAIDEN

LAST

ADDRESS:

STREET

CITY

STATE

ZIP

HOME PHONE: (____) _____ CELL PHONE: (____) _____

DATE OF BIRTH: ____/____/____ E-MAIL ADDRESS: _____

HIGH SCHOOL _____ YEAR/GRAD _____

COLLEGE / UNIVERSITY YOU PLAN TO ATTEND:

NAME OF INSTITUTION: _____

CITY, STATE: _____

SPONSOR:

FIRST

MAIDEN

LAST

ADDRESS:

STREET

CITY

STATE

ZIP

HOME PHONE: (____) _____ WORK PHONE: (____) _____ CST CLASS YEAR: _____

THE FOLLOWING ITEMS ARE REQUIRED:

- A. COMPLETED APPLICATION FORM
- B. COMPLETED SPONSOR VERIFICATION FORM
- C. An **Essay** which must include 1) educational goals, 2) financial need, 3) community/volunteer service, 4) work history, and 5) activities (*2-page limit*)
- D. A **Letter of Recommendation** from a teacher, counselor, supervisor, etc. (Must be current, written within 6 months of application.)
- E. **OFFICIAL TRANSCRIPT**
 - HIGH SCHOOL STUDENTS NEED TO SEND:
 - FINAL **HIGH SCHOOL TRANSCRIPT** (COMPLETE THROUGH THE END OF SENIOR YEAR)
 - COPY OF YOUR **LETTER OF ACCEPTANCE** FROM THE COLLEGE OF CHOICE
 - CURRENT COLLEGE STUDENTS NEED TO SEND:
 - **MOST RECENT COMPLETE COLLEGE TRANSCRIPT** (IF YOU ARE CURRENTLY IN YOUR FIRST SEMESTER, FOLLOW INSTRUCTIONS FOR HIGH SCHOOL STUDENTS)
- F. A NON-REFUNDABLE **CHECK FOR \$10** PAYABLE TO: *TERESAN SCHOLARSHIP FUND*

I WOULD LIKE MY APPLICATION TO BE CONSIDERED FOR THE
JULY 1, 20 ____ or NOVEMBER 1, 20 ____ DEADLINE

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