

PATRICIA MANGOLD SCHOLARSHIP APPLICATION
Sponsored by Yonkers Historical Society

NAME: _____ DATE OF BIRTH: _____

STREET ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ TELEPHONE #: _____

PRESENT SCHOOL: _____

FATHER'S NAME: _____ OCCUPATION: _____

MOTHER'S NAME: _____ OCCUPATION: _____

OTHER FAMILY MEMBERS:

NAME: _____ AGE: _____ SCHOOL OR OCCUPATION: _____

NAME: _____ AGE: _____ SCHOOL OR OCCUPATION: _____

NAME: _____ AGE: _____ SCHOOL OR OCCUPATION: _____

NAME: _____ AGE: _____ SCHOOL OR OCCUPATION: _____

NAME: _____ AGE: _____ SCHOOL OR OCCUPATION: _____

NAME: _____ AGE: _____ SCHOOL OR OCCUPATION: _____

CAREER IN WHICH YOU ARE INTERESTED: _____

SCHOOL OR COLLEGE IN WHICH YOU WILL ENROLL: _____

OTHER SCHOLARSHIPS RECEIVED:

1. _____ AMOUNT: _____

2. _____ AMOUNT: _____

3. _____ AMOUNT: _____

TOTAL AMOUNT: _____

ARE YOU PRESENTLY EMPLOYED? _____ IF YES, SALARY: _____

IF YOU RECEIVE THIS SCHOLARSHIP, HOW WILL IT HELP YOU? _____

COULD YOU ATTEND COLLEGE OR SCHOOL WITHOUT THIS SCHOLARSHIP? YES ___ NO ___

HOBBIES: _____

SIGNATURE: _____ DATE: _____

UPON COMPLETION OF THIS FORM, SAVE TO YOUR COMPUTER, AND PRINT THE FILE FOR SIGNATURE.

ATTACH STUDENT TRANSCRIPT TO THIS PACKET AND SUBMIT TO:

**Ms. Kathleen Ennis
Patricia Mangold Scholarship Awards
Yonkers Historical Society Education Committee Chair
P.O. Box 190
Yonkers, New York 10710**