



PATRICIA MANGOLD SCHOLARSHIP APPLICATION
Sponsored by Yonkers Historical Society

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

TELEPHONE #: _____

PRESENT SCHOOL: _____

FATHER'S NAME: _____ OCCUPATION: _____

MOTHER'S NAME: _____ OCCUPATION: _____

OTHER FAMILY MEMBERS:

NAME(S)	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: _____

ATTACH STUDENT TRANSCRIPT TO THIS PACKET