**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**