

**YONKERS FEDERATION OF TEACHERS
SCHOLARSHIP APPLICATION
2023-2024**

Name: _____

School: _____

1. You must have a high school average of 85 or better to apply.
2. Please complete all parts of the application accurately and specifically.
3. **ATTACH A COPY OF YOUR RESUME.**
4. Return application to the Guidance/School Counselor Office.
5. To School Counselor: Please attach a copy of student transcript (include weighted G.P.A.) and be sure to include S.A.T. scores. All parts of the application must be submitted to the YFT Office or applications/documents can be scanned to Roselyn Kendrick-Jones at rkendrickjones@gmail.com {preferable method of submission}) no later than April 5, 2024.

**IF EITHER OR BOTH OF YOUR PARENTS ARE MEMBERS IN GOOD
STANDING OF THE YONKERS FEDERATION OF TEACHERS PLEASE
PRINT THEIR NAME(S), AND THE SCHOOL IN WHICH HE AND/OR SHE
TEACHES.**

Thank you for your cooperation!

PERSONAL AND FAMILY INFORMATION

NAME _____

ADDRESS & ZIP CODE: _____

TELEPHONE: _____

SCHOOL PRESENTLY ATTENDING: _____

PLACE OF BIRTH: _____

MIDDLE SCHOOL ATTENDED: _____

ELEMENTARY SCHOOL ATTENDED: _____

IF YOU WERE BORN OUTSIDE THE UNITED STATES, PLEASE INDICATE THE YEAR YOU CAME HERE: _____

FATHER'S/GUARDIAN NAME: (LIVING or DECEASED): _____

HOME ADDRESS (IF DIFFERENT FROM APPLICANT): _____

HOME PHONE: _____

OCCUPATION (PLEASE BE SPECIFIC): _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

ANNUAL SALARY (PLEASE CIRCLE ONE)

UNDER \$35,000/ \$35,000 - \$50,000/ \$50,000 - \$75,000/ \$75,000 - \$100,000/ \$100,000 +

OTHER SOURCES OF INCOME (PLEASE BE SPECIFIC): _____

MOTHER'S/GUARDIAN NAME (LIVING or DECEASED): _____

HOME ADDRESS (IF DIFFERENT FROM APPLICANT): _____

HOME PHONE: _____

OCCUPATION (PLEASE BE SPECIFIC): _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

ANNUAL SALARY (PLEASE CIRCLE ONE)

UNDER \$35,000/ \$35,000 - \$50,000/ \$50,000 - \$75,000/ \$75,000 - \$100,000/ \$100,000 +

OTHER SOURCES OF INCOME (PLEASE BE SPECIFIC): _____

OTHER FAMILY MEMBERS LIVING AT HOME OR AWAY AT COLLEGE:

NAME	AGE	SCHOOL OR OCCUPATION
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1.	_____	_____
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2.	_____	_____
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3.	_____	_____
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4.	_____	_____
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5.	_____	_____
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LIST BELOW THE SCHOOL(S) TO WHICH YOU HAVE APPLIED FOR ADMISSION FOR YOUR POST HIGH SCHOOL PROGRAM OR EDUCATION. INSERT ALL INFORMATION REQUESTED AND LIST THE SCHOOL IN THE ORDER OF YOUR PREFERENCE:

NAME OF SCHOOL	TUITION	ROOM & BOARD	OTHER EXPENSES	TOTAL
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				

IN WHAT SUBJECT DO YOU PLAN TO MAJOR? _____

WHAT PROFESSION DO YOU HOPE TO ENTER? _____

PLEASE LIST ANY SCHOLARSHIPS AND/OR MONETARY AWARDS THAT YOU HAVE ALREADY RECEIVED (I.E. NY STATE REGENTS, ETC.):

1. _____
2. _____
3. _____
4. _____

PLEASE LIST ANY A.P. OR IB EXAMS TAKEN AND THE SCORE YOU RECEIVED:

1. _____
2. _____
3. _____
4. _____
5. _____

HAVE YOU WORKED DURING THE PAST THREE (3) YEARS? _____

WHEN: _____ WHERE: _____

EARNINGS: _____

WHAT DID YOU DO LAST SUMMER? _____

WHAT ARE YOUR PLANS FOR THIS SUMMER? :
