



COUNTY KERRY PATRIOTIC & BENEVOLENT ASSOCIATION OF NY

Application for High School Scholarship (To be submitted by October 31st, 2023)

PARENT'S NAME _____ FOLIO # _____
STREET ADDRESS _____
CITY, STATE, ZIP _____
PHONE _____ CELL _____
CHILD'S NAME _____ EMAIL _____
GRAMMAR SCHOOL ATTENDED _____
HIGH SCHOOL OF CHOICE _____
COMMUNITY SERVICE/CHARITABLE WORKS _____

Please attach a copy of the TACHS Results. Thank you!

Parent's Signature _____ Date _____

Application for College Scholarship (To be submitted by October 31st, 2023)

PARENT'S NAME _____ FOLIO # _____
STREET ADDRESS _____
CITY, STATE ZIP _____
PHONE # _____ CELL _____
CHILD'S NAME _____ EMAIL _____
HIGH SCHOOL ATTENDED _____
COLLEGE OR UNIVERSITY OF CHOICE _____
COMMUNITY SERVICE/CHARITABLE WORKS _____

Please attach a copy of the SAT Results. Thank you.

Parent's Signature _____ Date _____

Mail completed form to: Co. Kerry Scholarship, 305 McLean Ave., Yonkers, NY 10705-4438.

Refer Questions to : Mary Daly 914.620.5392 or thedalybunch@yahoo.com

Sally O'Shea 914.879.9230 or timkury@yahoo.com