



2017 Helene M. Senker Memorial Scholarship Award

THIS SECTION IS TO BE FILLED IN BY APPLICANT'S PARENT/GUARDIAN

Parent/Guardian Name: _____

Home Address: _____

Phone Number: _____ Email Address: _____

Company: _____

Company Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____

Relationship to Applicant: _____

Signature of Nominee's Parent/Guardian: _____ Date: _____

Signature of Company Representative: _____ Date: _____

Please return this completed form by **Friday, April 14, 2017**, along with the student application form, to:

**MNYCA
492C Cedar Lane #535
Teaneck, NJ 07666
www.mnyca.org**

Please direct any questions to Patty Paletto at 201-489-8096
Or Patty.Paletto@MNYCA.org