

NEW YORK STATE BOARD  
ANCIENT ORDER OF HIBERNIANS

SCHOLARSHIP APPLICATION

This application must be submitted by June 4<sup>th</sup>, 2017. In addition to this completed application, please enclose the following:

1. A copy of your highest SAT Math score and highest SAT Verbal score.
2. Student Transcript
3. Recommendation of your parish priest.
4. A copy of the AOH membership card of the applicant, parent, or guardian.

Send to the Chairman of the AOH NY State Scholarship Committee:

James Russell  
219 North Middletown Road,  
Unit E  
Pearl River, N.Y. 10965

PLEASE PRINT OR TYPE ALL INFORMATION

Name of applicant: \_\_\_\_\_

Telephone:(     )\_\_\_\_\_

Address:\_\_\_\_\_

Age:\_\_\_\_\_

City:\_\_\_\_\_

State:\_\_\_\_\_

Zip:\_\_\_\_\_

Place of Birth:\_\_\_\_\_

**High School:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Principal's  
Name: \_\_\_\_\_

Name of Parent or  
Guardian: \_\_\_\_\_

Division: \_\_\_\_\_

in the New York County of: \_\_\_\_\_

Name of the President of the  
Division: \_\_\_\_\_

Address of the  
Division: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Division or President's telephone number: (     ) \_\_\_\_\_

Name of the college you plan to attend in September 2017:

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature of  
Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Father or  
Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Division  
President: \_\_\_\_\_ Date: \_\_\_\_\_