

NEW YORK STATE BOARD
ANCIENT ORDER OF HIBERNIANS

SCHOLARSHIP APPLICATION

This application must be submitted by April 2nd, 2018. 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: _____