

NEW YORK STATE AOH BOARD SCHOLARSHIP APPLICATION

Applicant Name:		E-mail:	
Address:		Phone #:	
City/State/Zip:		High School:	
SAT score:	_ ACT score:	(Please provide documentation)	
If <u>you</u> are a member of a N	YS AOH division, pr	rovide the following:	
County/Division name: _		AOH Member ID #:	
Did you receive your Maj	jor Degree and, if so	o, in what year?	
If your Father/Grandfathe	e <u>r</u> is a member of a N	NYS AOH division, provide the following:	
His Name:		His AOH Member ID #:	
His County/Division nam	e:		
Did your Father/Grandfa	nther receive his Ma	ajor Degree and, if so, in what year?:	
Division President's Nam	ne:		
Email:	Pho	one #:	-
TO 1 1 1 1 011			

Please include on the following page an essay of no more than 500 words explaining why you feel you deserve this scholarship. You should include:

- o Academic/Other Honors, school/sports/activities:
- o Irish Cultural/Other Extracurricular Activities:
- o Community Service/Church Activities:
- o If you are a member of the AOH, your activities, accomplishments, goals
- o Without mentioning names, any AOH family participation

No handwritten applications accepted. Please utilize a 12 point font in writing your 500 word narrative.

Name:	