



# *Ancient Order of Hibernians*

*Division 2, Bucks County - Newtown, PA*

[www.aohnewtownpa.com](http://www.aohnewtownpa.com)

## **2021 SCHOLARSHIP APPLICATION**

\* *Please attach the following, along with this Application, dated and signed, by **April 01, 2021**:*

- **Proof of your Parish Membership** (e.g., a letter of recommendation from your Pastor);
- **Letter of Recommendation** from a current teacher;
- The **Secondary Catholic School** you will be attending, or, where currently enrolled;
- Minimum 1,000 word **Essay** on: *“The Good Friday Agreement of 1998”*;
- A Summary of your Irish Family heritage, including your own activities in promoting it;
- Applicants are required to be in the 8th -11th grades, currently attending a Catholic school or PREP program in Bucks County, or be a Bucks County resident if attending a Catholic school in another county.

*Please submit all materials in a single package, **no later than April 01, 2021** to:*

**A.O.H. Div. 2 Newtown**  
**Attn: 2021 Scholarship Committee**  
**P. O. Box 7**  
**Newtown, PA 18940-0007**

or E-mail in PDF form to [ArtReye01@gmail.com](mailto:ArtReye01@gmail.com)

**PLEASE PRINT or TYPE ALL INFORMATION**

**Name of Applicant:** \_\_\_\_\_

**Name(s) of Parent or Guardian:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Parent Cell Phone:** \_\_\_\_\_

**Parent E-Mail:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

Name of Current School (PREP if it pertains):

\_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Principal's Contact Number: \_\_\_\_\_

Name of Parish: \_\_\_\_\_

Parish Pastor: \_\_\_\_\_

School and Grade you will enter in the 2021-2022 school year:

\_\_\_\_\_

**\* N.B. – Permission to Use Photograph and/or Video**

*I hereby grant to the Ancient Order of Hibernians, Division 2, Newtown, (A.O.H. Div. 2) its' affiliates and assigns, the right to take the provided information, photographs and/or video of me and my family in connection with the Scholarship Program identified above, and any related activities.*

*I authorize A.O.H. Div. 2, its assigns and transferees to copyright, use, and publish the same in print, and/or electronically.*

*I agree that A.O.H. Div. 2 may use such photographs and/or video of me, with or without my name, and for any lawful purpose, including for example such purposes as fund-raising, publicity, illustration, advertising, and Web content.*

**By virtue of my signature below, I affirm that I have read, understand, and agree to the above, related to the submission and consideration of this Application for a Scholarship:**

\* Signature of Applicant: \_\_\_\_\_

\*Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_, 2021

**Submission Deadline: April 01, 2021**