



# Ancient Order of Hibernians

Division 2, Newtown, Bucks County, PA

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

## 2022 SCHOLARSHIP APPLICATION

\* Please attach the following, along with this Application, dated and signed, by April 01, 2022:

- **Proof of 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: **“Why Were The Early Irish Immigrants Discriminated Against in America and How Did They Overcome It?”**
- A Summary of your Irish Family heritage, including your own activities in promoting it.
- Applicants are required to be in the 8<sup>th</sup> to 11<sup>th</sup> grades, currently attending a Catholic school or PREP program in Bucks County or a Bucks County resident currently attending a Catholic school in another county.

Please submit all materials in a single package, no later than April 01, 2022 to:

A.O.H. Div. 2 Newtown  
Attn: 2022 Scholarship Committee  
P. O. Box 7  
Newtown, PA 18940-0007

or E-mail in PDF form to [ArtReve01@gmail.com](mailto:ArtReve01@gmail.com)

\*All packages must be complete in order to be accepted for review!

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 2022-2023 school year:

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**\* 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:** \_\_\_\_\_, 2022

**Submission Deadline: April 01, 2022**