

JOHN BOYLE O'REILLY SCHOLARSHIP APPLICATION 2020



APPLICATION REQUIREMENTS FOR HIGH SCHOOL SENIORS:

1. COMPLETE THIS APPLICATION IN DETAIL (INCLUDING ESSAY).
2. A PARENT OR GRANDPARENT MUST BE A MEMBER OF THE JOHN BOYLE O'REILLY CLUB IN GOOD STANDING FOR AT LEAST 2 YEARS.
3. APPLICANT MUST BE A HIGH SCHOOL SENIOR.
4. A COPY OF YOUR HIGH SCHOOL TRANSCRIPTS MUST BE ENCLOSED WITH THIS APPLICATION OR FORWARDED BY YOUR SCHOOL TO THE ADDRESS LISTED BELOW.
5. THIS APPLICATION MUST BE POSTMARKED BY:

MONDAY, MARCH 2, 2020

ALL COMPLETED APPLICATIONS SHOULD BE MAILED TO:

**JOHN BOYLE O'REILLY CLUB SCHOLARSHIP COMMITTEE
C/O SHEILA TZOUMAS
21 TINKHAM GLEN
WILBRAHAM, MA 01095**

**PLEASE NOTE THAT THE AWARDS BRUNCH WILL BE HELD ON
SUNDAY, MAY 17, 2020 AT THE JOHN BOYLE O'REILLY CLUB.**

THE RECIPIENT MUST BE PRESENT IN ORDER TO RECEIVE THEIR AWARD.

ALL APPLICATIONS MUST BE POSTMARKED BY MONDAY, MARCH 3, 2020

ALL INFORMATION MUST BE TYPED OR NEATLY PRINTED ON THIS APPLICATION

1. APPLICANT'S NAME: _____

2. ADDRESS: _____

3. HOME PHONE NUMBER: _____

4. EMAIL ADDRESS: _____

5. NAME & OCCUPATION OF PARENTS:

FATHER: _____

MOTHER: _____

6. HIGH SCHOOL ATTENDING: _____

7. LIST ANY EXTRACURRICULAR ACTIVITIES FROM HIGH SCHOOL:

8. DO YOU HAVE ANY OTHER HOBBIES OR INTERESTS? If SO, PLEASE LIST THEM: _____

9. NAME OF COLLEGE(S) YOU HAVE APPLIED TO OR HAVE BEEN ACCEPTED: _____

10. NAME OF PARENT/GRANDPARENT WHO IS THE MEMBER OF THE JOHN BOYLE O'REILLY CLUB: _____

11. RELATIONSHIP TO CLUB MEMBER: _____

12. MEMBERSHIP CARD NUMBER: _____
(MUST PROVIDE THIS INFORMATION)

13. IS THERE ANY OTHER INFORMATION YOU WOULD LIKE THE SCHOLARSHIP JUDGING COMMITTEE TO BE MADE AWARE OF? (optional)

14. BRIEFLY DESCRIBE YOU AND YOUR FAMILY'S INVOLVEMENT WITH THE JBO AND THE IRISH COMMUNITY.

15. PLEASE WRITE A 1000 WORD ESSAY ON SINGLE SIDED PAPER ON THE FOLLOWING:

DISCUSS THE SIGNIFICANCE OF YOUR IRISH CULTURAL HERITAGE IN SHAPING YOUR IDENTITY.

