

JOHN BOYLE O'REILLY SCHOLARSHIP FUND, INC. APPLICATION 2023



APPLICATION REQUIREMENTS FOR HIGH SCHOOL SENIORS:

1. COMPLETE THIS APPLICATION IN DETAIL (INCLUDING ESSAY).
2. A PARENT OR GRANDPARENT MUST BE A FULL MEMBER OF THE JOHN BOYLE O'REILLY CLUB IN GOOD STANDING FOR AT LEAST 2 YEARS (YEARS 2021 AND 2022).
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 6, 2023

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 21, 2023 AT THE JOHN BOYLE O'REILLY CLUB.**

THIS BRUNCH IS SUBJECT TO CHANGE DUE TO COVID 19 RESTRICTIONS

ALL INFORMATION MUST BE TYPED OR NEATLY PRINTED ON THIS APPLICATION

1. APPLICANT'S NAME: _____

2. ADDRESS: _____ CITY: _____

STATE: _____

3. HOME PHONE NUMBER: _____

4. EMAIL ADDRESS: _____

5. NAME OF PARENTS:

FATHER: _____

MOTHER: _____

6. HIGH SCHOOL ATTENDING: _____ CITY: _____

STATE _____

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.

