

JOHN BOYLE O'REILLY SCHOLARSHIP FUND, INC. APPLICATION 2025



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 2023 AND 2024).
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 17, 2025

ALL COMPLETED APPLICATIONS SHOULD BE MAILED TO:

**JOHN BOYLE O'REILLY CLUB SCHOLARSHIP COMMITTEE
C/O PATRICK GARRITY
143 ATWATER ROAD
SPRINGFIELD, MA 01107**

PLEASE NOTE THAT THE AWARDS LUNCHEON WILL BE HELD ON

SUNDAY, MAY 18, 2025

AT THE JOHN BOYLE O'REILLY CLUB

ALL INFORMATION MUST BE TYPED OR NEATLY PRINTED ON THIS APPLICATION

1. APPLICANT'S NAME: _____

2. ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____

3. HOME PHONE NUMBER: _____

4. EMAIL ADDRESS: _____

5. NAME OF PARENTS:

FATHER: _____

MOTHER: _____

6. HIGH SCHOOL ATTENDING: _____ CITY: _____

STATE: _____

7. LIST ANY HIGH SCHOOL EXTRACURRICULAR ACTIVITIES:

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

9. NAME OF COLLEGE(S) TO WHICH YOU HAVE APPLIED OR BY WHICH YOU HAVE BEEN ACCEPTED AND POSSIBLE AREA(S) OF STUDY:

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

11. RELATIONSHIP TO CLUB MEMBER: _____

12. MEMBERSHIP 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 INVOLVEMENT WITH THE JBO AND THE IRISH COMMUNITY BY YOU AND BY YOUR FAMILY.

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.

