

APPLICATION FOR THE FR. CORBY DIVISION, ANCIENT ORDER OF HIBERNIANS' JOHN F. DEVANEY SCHOLARSHIP

Privacy Act Advisory Statement

The Privacy Act of 1974 (P.L. 93.579) requires that you be given certain information in connection with this request for data. Pursuant to the requirements of the Act, please be advised:

1. The authority for the collection of this data is Public Law 93-642.
2. Submitting the information requested is voluntary.
3. The main purpose for which the data will be used is the selection of award winners for the Ancient Order of Hibernians' John F. Devaney Scholarship.
4. Other routine uses of the data are for public affairs and press releases to news media.
5. Failure to complete the form will mean that you cannot be included among those candidates being considered for this scholarship award.

I. Biographical Questionnaire

The questions that follow are designed to collect information about your background, your interests and your plans. Answers to these questions will be used in connection with your application for this scholarship award and will be made available to the scholarship selection committee.

Please type or print

General Information

1. _____
Applicant's full name: last, first, middle Marital Status
2. _____
Date of birth: month, day, year Social Security No. Sex
3. _____
Permanent home address: number, st., city, zip code Tel. No.
4. _____
Father, step-father, or legal guardian: last, first, middle
5. _____
Mother, step-mother, or legal guardian: last, first, middle
6. _____
College or school you will attend. (include address, state, zip code, and area code/telephone number)

Signature of Applicant: _____ Date: _____

II. This section is to be completed by the applicant.

1. Involvement in civic and/or religious activities. Indicate the activity, date(s) of your direct, active involvement, and your role or actions.
2. Participation in extracurricular school activities. Indicate the activity, date(s) of your active participation and describe your role in the activity.
3. Describe any circumstances, if any, which you believe have impacted on your grades. (Please have you school forward an official transcript of your high school and/or college grades to AOH Scholarship Committee, c/o Fred Walker, 10843 Broadwater Drive, Fairfax, VA, 22032.

Signature: _____ Date: _____

- III. This section is to be completed by the applicant's parent, guardian, or other individual selected by the applicant. In the space below, please describe the applicant's outstanding or inspirational contributions. Please limit your response to 250 words or less.

Signature: _____ Date: _____

