

**Ancient Order of Hibernians- Joe Cahill Division 10  
Billy Briggs Memorial Scholarship**

**DEADLINE for Scholarship applications is Friday, March 21, 2025.**

**ELIGIBILITY RULES:**

- Applicants must be between the ages of 15 to 17 years old and available to travel from July 19<sup>th</sup> and August 11<sup>th</sup> 2025.
- Applicants who are currently 17 years old, must not have their 18<sup>th</sup> birthday before July 19, 2025.
- Applicants must have a valid passport at the time of the application deadline with an expiration date of more than 6 months from August 11, 2025.
- Applicants must attend a school within Mercer County, New Jersey **OR** have a parent or grandparent who is a member of a New Jersey or Bucks County, Pennsylvania AOH/LAOH.
- Scholarship winners must be able to provide their own transportation to PHL, EWR, or JFK airport on July 19<sup>th</sup> and August 11<sup>th</sup> 2025.

**INSTRUCTIONS:**

1. Complete application below.
2. Attach an essay on the topic of “My Irish Heritage and What It Means To Me” (a minimum of 2 pages).
3. Mail application and essay to Ancient Order of Hibernians- Joe Cahill Division 10 Billy Briggs Memorial Scholarship to: **P.O. Box 9952 Hamilton NJ 08650** or email the application and essay to: **[scholarship@aohdiv10.org](mailto:scholarship@aohdiv10.org)**.

Please <b>type</b> or <b>print</b> your answers			
1.	First Name: _____	Last Name: _____	
2.	Name <b>exactly</b> as it appears on passport: _____		
3.	Passport Date of Issue: _____	Passport Expiration Date: _____	
4.	Email Address: _____		
5.	Mailing Address: Street: _____  City: _____ State: _____ ZIP: _____		
6.	Telephone Number: (    ) _____		
7.	Date of Birth: _____	Month: _____	Day: _____
8.	Name of School: _____  Level (please circle): Freshman Sophomore Junior Senior		
9.	Irish Organization or Association (if applicable): _____		

I certify that I have read and understand the stated requirements of the scholarship award, and that to the best of my knowledge, the information provided on this form is true and correct.

Signature of Scholarship Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_