



## The Society of Irish American Lawyers Scholarship

### Information

The Society of Irish American Lawyers offers a \$1,000.00 scholarship to a graduating senior of Irish-American heritage from an accredited high school. Each student will be evaluated based upon the submitted scholarship essay, evidence of leadership and service to school and community, and the letter of recommendation. The applicant's demonstrated academic ability, as well as any factors relating to the applicant's character, may be considered by the scholarship selection committee.

In order to be considered, an applicant must:

- Have applied or be in the process of applying to a recognized and accredited post high school educational institution;
- Graduate from high school in 2022 or have graduated in 2021 and deferred admission to a post high school educational institution for a year;
- Be of Irish descent;
- Reside in the Ninth Judicial District (Westchester, Dutchess, Putnam, Orange and Rockland); and
- File a completed application, including the essay, transcript, and letter of recommendation, **by midnight on December 1, 2021, via email to [SocialScholarship2021@gmail.com](mailto:SocialScholarship2021@gmail.com).**

The application must include:

- An essay of at least 250 words (typed and double-spaced) but no more than 350 words addressing the topic: **“How your Irish heritage has influenced your life and goals”**;
- One letter of recommendation (this can be from a teacher, coach or employer);
- A high school transcript (does not need to be certified). The transcript must include grades for the 9<sup>th</sup> through 11<sup>th</sup> year, a three-year average, and class rank (if available);
- A record of any awards or extracurricular activities, including employment;
- A record of any service to the community; and
- A completed Certification and Acknowledgement form.

After review of all written applications, the Scholarship Committee will select the five top candidates who will then be interviewed by the committee before the final winner is decided.

Payment of the scholarship award will be made upon verification in writing of the recipient's accepted attendance to an accredited post high school educational institution.

# Scholarship Application

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address (if different): \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Father's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address (if different): \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

What are your siblings' names and ages?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Type of Diploma Anticipated: \_\_\_\_\_

Previous High School (if any): \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

## Reference

*Please give us information about your reference.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
School or Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

## Post High School Educational Plans

*What do you plan to study?* \_\_\_\_\_

*What profession do you wish to pursue?* \_\_\_\_\_

*How do you plan to finance your college education?* \_\_\_\_\_

*Have you received any other scholarships or awards? Please give details.* \_\_\_\_\_

*Please list all post high school educational institutions to which you have applied. List the schools in order of your preference.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Employment**

*If you worked for pay during the last three years, please list all employment.*

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

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Company: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

**Community Service**

*Please list all community service activities and dates of service.*

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**Other Extracurricular Activities**

*Please list all other extracurricular activities in which you are involved and the dates of involvement.*

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## Certification and Acknowledgment

*I, the undersigned, hereby acknowledge that I am the Applicant for the Society of Irish American Lawyers' Scholarship, and do hereby state as follows:*

- That I have reviewed the information provided on the application and certify, to the best of my knowledge, that all information as stated on this application (and attachments, if any) is true and correct:*
- That I understand and acknowledge that as a candidate for the Society of Irish American Lawyers' Scholarship, the Scholarship Committee will rely upon and consider the information and representations provided to the Committee by me;*
- That I further understand that the information provided to the Scholarship Committee is used for the sole purpose of determining whether I should be awarded a scholarship offered by the Society of Irish American Lawyers; and*
- That I understand that, if I should receive a scholarship from Society of Irish American Lawyers and the Scholarship Committee learns at some future date that the information supplied was false, inaccurate, and/or misrepresented to the Committee by me, that in that event, the scholarship received by me may be forfeited and any monies received by me shall be immediately returned to the Society of Irish American Lawyers.*

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*Print Name (Applicant)*

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*Date*

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*Signature*

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*Signature of Parent/ Guardian if under age 18*

**Publicity Release**

*By submitting this application for the scholarship, I [or if I am under the age of 18, my parent or legal guardian] hereby grant permission to The Society of Irish American Lawyers (SOCIAL), its affiliates and their successors, and any person receiving permission from any of them, to use my picture, likeness, name, photograph or voice, or any performance or work that I provide to SOCIAL (hereinafter collectively "image and/or work") at its discretion in publications, in print, on the Internet via SOCIAL's website as well as social media such as Facebook and newsletters, and in all other forms of media, including video or audiotape, concerning activities of SOCIAL. I have been assured, and it is my understanding, that the same shall be used in informational, membership recruitment or publicity contexts only, and shall not be used solely for commercial purposes.*

*I [or, if I am under the age of 18, my parent or legal guardian] agree to hold harmless SOCIAL in connection with any and all claims regarding my image and/or work, including legal fees and other costs incurred.*

*I [or, if I am under the age of 18, my parent or legal guardian] give SOCIAL permission to use my image and/or work in its marketing endeavors, in social media and promotional materials. By signing this release, I [or if I am under the age of 18, my parent or legal guardian] agree that I may be photographed, quoted and/or interviewed.*

*I [or, if I am under the age of 18, my parent or legal guardian] waive any claim for compensation for my image and/or work.*

*I [or, if I am under the age of 18, my parent or legal guardian] hereby agree that this RELEASE is valid until expressly revoked by me in writing.*

*I [or, if I am under the age of 18, my parent or legal guardian] have read the above statements and agree.*

*Signature of applicant: \_\_\_\_\_*

*Date: \_\_\_\_\_*

*Signature of parent or guardian: \_\_\_\_\_*

*Date: \_\_\_\_\_*