



# APPLICATION FOR A VOCATIONAL GRANT FOR MAJOR SEMINARIANS



Project St. Patrick is a national vocational grant program sponsored jointly by the Ancient Order of Hibernians in America, Inc. & Ladies Ancient Order of Hibernians Inc.

### Applicant Information

(Please print clearly)

Name: \_\_\_\_\_  
(First) (Initial) (Last)

Name of Seminary: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Diocese: \_\_\_\_\_

Address after May 15, 2020 \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell #: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_ @ \_\_\_\_\_

Are you a member of the AOH? No (\_\_\_), Yes (\_\_\_) If No, would you like information on AOH? \_\_\_\_\_

If Yes – What Division/Number \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Are You the- (Check all that apply):

Son: (\_\_\_) Grandson: (\_\_\_) of an AOH member?  
Division #/Name \_\_\_\_\_ Location: \_\_\_\_\_

Son: (\_\_\_) Grandson (\_\_\_) of an LAOH member?  
Division #/Name \_\_\_\_\_ Location: \_\_\_\_\_

Have you received other Hibernian grants? Yes (\_\_\_) No (\_\_\_)

If yes, from whom and what amount: \_\_\_\_\_ When \_\_\_\_\_

Have you previously received a "Project St. Patrick" Grant? No (\_\_\_) Yes (\_\_\_) If yes/What year? \_\_\_\_\_

Briefly state your need for this grant:

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**Please return this form completed to your vocations director who will forward by May 15, 2020 to:**

**Project St. Patrick  
c/o Victor Vogel  
51 Avondale Drive  
Islip, NY 11751  
victorjvogel@yahoo.com**