APPLICATION FORM

Kingdom Education Trust Fund

(It is essential that all sections of the application form be completed; incomplete application forms will be discarded)

1. Personal Details (please fill in all areas clearly in bold print)

Name	
Student I.D number	
Name and Address of College in	
which you are a student	
Course & Year of Study	
Qualifications you expect to gain	
Certification Awarded by	
Length of course	
Please indicate if this is a repeat year	Yes 🗆 No 🗆
Is the course Full Time / distance	Full Time 🗆
learning?	Distance learning 🗆
Date of Birth:	
Home Address:	Term-time address: (If different)
How long have you been residing in	
county Kerry?	
Telephone Number:	Mobile Number:
Email address:	

Please enclose copy of your student ID card

Total funding required from this Fund in order to assist you in completing your studies for the academic year 2016-2017

For Official Use Only			
Amount Approved	€		
Cheque No.			
Approver			

€

2. Pre Training Status

Prior to enrolling on your present course what was your employment status?

(Please tick the appropriate box)	
Long term unemployed (more than 12 months)	
Unemployed (less than 12 months)	
Employed (prior to commencing training)	
Full Time Education	
Other (i.e. carer)	

3. Educational Qualifications

What were your educational qualifications prior to your enrolment in your course?

No qualifications	
Group Certificate	
Intermediate/Junior Certificate	
Leaving Certificate	
Third Level Qualification	
Other (e.g. VTOS/PLC – FETAC)	

4. Kingdom Education Trust Fund & Progression within 3rd Level

Have	you be	en assisted	by the Kingdom	Education	Trust Fund i	n the past?
Yes	No					

If yes, state year _____

Do you hold any of the following? (Please tick as appropriate)

Certificate	 Year Obtained
Diploma	 Year Obtained
Degree	 Year Obtained

Reasons for your application-refer to barriers you experience. We require details of the difficulties you are having. Please explain how this fund might help you. This information will be used in deciding priorities for funding.

5. Family/Personal Details

Are there any other siblings in your family currently attending $3^{\rm rd}$ level? Yes __ No __

Please specify how many siblings attending third level

Family Income/ Personal Income Section

Sources of Additional Support

		Amount
Employment		
Self employed		
Farming		
Social Welfare Payment		
	Total	

E.g.	Maintenance Grant		
	Top up Grant		
	Work		
	Other		
		Total	

Amount

6. Candidate Budget

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Weekly Income	Weekly Expenditure
Maintenance Grant €	Rent €
Work €	Food €
Family Support €	Travel €
Welfare Payments €	Childcare €
Lone Parents €	ESB/Heat etc €
Back to Education €	Other €
Disability Allowance €	
Supplementary Benefits €	
E.g. Rent allowance etc. €	Student Loan €
Other Income €	
Total €	Total €

Have you paid fees for your course? Yes _____ No _____ If yes, amount paid €_____

Have you applied for assistance from any funds in the college/other sources? Yes __ No __ If yes please indicate what funds and amounts awarded

7. Funding Required – specify materials, fees, travel, childcare etc.

Element	Total Cost	Funding sought from this fund
	€	€
	€	€
	€	€
	€	€
Total		€

8. Please tick any category which applies to you.

Please note you will be asked to provide documentary evidence to support your answers if deemed eligible for the fund.

Criteria	Tick if applies to you:	Office use only
The distance you travel to your course is 15 miles plus		
You have applied for SUSI		
You are in receipt of a Grant / scholarship		
You are in the final year study and working		
You are working during your studies full-time, part-time, term time Please specify		
You are a dependent young person of a One Parent Family		
You have other family members who are also in third level education		
You have a disability, are a member of the traveller community, are experiencing other difficulties i.e. health issues, bereavement etc. (please specify)		
You are a repeat student and fee paying with a valid reason for repeating your year of study – Give details		

You have a Student loan with evidence of	
loan and date Low income family unit (social welfare	
payment, widow, medical card, FIS, RSS or	
farm assist)	
You are a student who is parenting alone	
You are a student who has progressed to	
third level through a PLC/VTOS route	
You are from a Rapid/Clár area / Local	
Authority housing estate	

9. Declaration

Information on this application form may be shared / discussed with a trustee or administrator of any scholarship scheme, either private or State.

Successful applicants will be required to complete a report and submit documentary evidence of expenditure and receipts.

I hereby apply for funding under the Kingdom Education Trust Fund towards the cost of continuing my studies.

I declare that all the information given in this form is true and correct.

I agree to be bound by the terms and conditions of the Kingdom Education Scholarship if such scholarship be awarded to me.

Signed ______

Date _____

<u>Please return completed applications to:</u> *Deirdre Kearin SICAP Education Officer North and East Kerry Development Company Áras An Phobail Dean's Lane Tralee Co. Kerry*

Closing date - 1pm, 23rd September, 2016

