



KINGDOM EDUCATION TRUST FUND

APPLICATION FORM - 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:	
Home address:	Term-time address: (If different)
Date of Birth:	
Phone number:	
Email address:	
*Student I.D number:	
Name and Address of College in which you are a student:	
Course name:	
Year of Study:	
Qualifications you expect to gain / QQI level	
Certification Awarded by:	
Length of course:	
Please indicate if this is a repeat year	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the course Full Time / distance learning equivalent?	Full Time <input type="checkbox"/> Distance learning <input type="checkbox"/>
How long have you been residing in county Kerry?	
Where did you hear about the Kingdom Education Trust Fund?	
*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

€ _____

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) ☐

If other, please give details:

3. Educational Qualifications

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

No qualifications ☐

Primary ☐

Lower secondary ☐

Intermediate/Junior Certificate ☐

Leaving Certificate ☐

Third Level Qualification ☐

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

Certificate _____ Year Obtained _____

Diploma _____ Year Obtained _____

Degree _____ Year Obtained _____

Other (e.g. VTOS/PLC – FETAC) ☐

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

Have you been assisted by the Kingdom Education Trust Fund in the past?

Yes ☐ No ☐

If yes, state year _____

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 3rd level?

Yes ___ No ___

Please specify how many siblings attending third level

Family Income/ Personal Income Section

	Amount
Employment	_____
Self employed	_____
Farming	_____
Social Welfare Payment	_____
Total	_____

Sources of Additional Support	Amount
E.g.	
Work	_____
Other	_____
Total	_____

6. Candidate Budget

Weekly Income	Weekly Expenditure
Disability Allowance €	Rent €
Work €	Food €
Family Support €	Travel €
Welfare Payments €	Childcare €
Lone Parents €	ESB/Heat etc €
Back to Education Allowance €	Other €

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 are not eligible for SUSI		
You are in receipt of a Grant / scholarship		
You are in the final year study		
You attach your statement of fees		
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 _____

Please return completed applications to:

***Deirdre Kearin, SICAP Education Officer, NEWkd, Áras An Phobail,
Dean's Lane, Tralee, Co. Kerry***

Closing date - 1pm, 19th November, 2020