

May 2023

**RE: Department of Education Book Grant Criteria**

Dear Parent/Guardian,

The Department of Education offers a book grant scheme to all secondary schools, to defray the cost of school books, in accordance with strict criteria. The following criteria must be satisfied to be considered eligible for the grant:

1. **Each parent/guardian must be in receipt of a current social welfare allowance.**
2. **A valid current medical card must be produced in the main school office. (Parents Medical Card)**
3. **Details of both parents must be completed on the form.**

We are forwarding you a book grant application form, which you may complete and return to Tullow Community School main office by Friday, 14th July 2023 if you wish to be considered eligible for the book grant for the forthcoming academic year.

**Forms that do not satisfy the above criteria will not be considered.**

Thank you,

Yours faithfully,

Paul Thornton

Principal

**TULLOW COMMUNITY SCHOOL**

**BOOK GRANT APPLICATION FORM – Year 2023/2024**

**All Sections must be completed.**

(Please use 1 form per student)

Name of Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year Group Sept. 2023/24\_\_\_\_\_\_\_\_\_\_\_

 (1st year, 2nd year, etc)

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

Name of Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

No of children: Pre-school [ ]: Schoolgoing [ ];

If you are supporting anyone other than above, give details:

**Mother/Guardian Details: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Social Welfare**: Are you in receipt of the following? Yes [ ] No [ ]

Unemployment Assistance [ ]; Lone Parent Allowance [ ];

Fás Scheme/SES [ ]; Invalidity Pension/Allowance [ ]; Old Age Pension [ ]; Widow(er)s Pension [ ]; Other [ ] Please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment details: (***only complete if you are employed in any capacity***)**

Name of employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full-time [ ]; Part-time [ ]; Other [ ] please explain

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**Father/Guardian Details: Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Social Welfare**: Are you in receipt of the following? Yes [ ] No [ ]

Unemployment Assistance [ ]; Lone Parent Allowance [ ];

SES [ ]; Invalidity Pension/Allowance [ ]; Old Age Pension [ ]; Widow(er)s Pension [ ]; Other [ ] Please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment details: (***only complete if you are employed in any capacity***)**

Name of employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employment:\_\_\_\_\_\_\_\_\_\_\_

Full-time [ ]; Part-time [ ]; Other [ ] please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If there are other circumstances, which may have a bearing on your application, please give details:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you hold a Medical Card? \_\_\_\_\_\_\_\_\_ Medical Card No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(Parents current medical card must be produced at the school office).**

If you or your dependants receive medical treatment for which you had to pay in the past year, please give details:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of grant received last year, if any: \_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent/Guardian

**Form must be returned to the Main Office by Friday, 14th July, 2023.**

**FORMS WILL NOT BE ACCEPTED AFTER THAT DATE**