

TRAINING BURSARY FUND
APPLICATION FORM

Training/Education Grants

Attach additional pages if necessary

Name

Address

Telephone

Date of birth

Catchment area

Educational Background

School	Year	Award
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please give details of the course/training for which you are currently seeking funding.

Course Title _____

Location _____

Start date _____

Full time / Part time

Duration _____

Is this your first year? _____

Please give a brief outline of course contents

Please attach course literature

Accreditation _____

Financial Details

Please state annual income: _____

No. of dependants _____

Is there any additional income supporting these dependants? If yes, please provide details.

Current Employment status

Unemployed less than 12 months	_____
Unemployed more than 12 months	_____
Employed Part Time	_____
Employed Full Time	_____
Self Employed	_____

Please outline academic costs for the year (books, fees...)

Have you applied to any other organization for funding?

If yes, please provide details.

Amount of funding now being requested?

€

How will this course benefit you?

Briefly outline why you require funding for this course?

Signed:

Recommended by:

Date

For Official Use Only:

Date received in DNEDTF office

Date of T&R Meeting

Approved

Amount

Not Approved

Reasons