 **GAA Higher Education Bursary Application Form 2017/18**

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| NAME |  |

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| Address  Home/College  (Please Specify)  Please affix  passport-sized photo here with your name printed clearly on the back. |  |
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| --- | --- |
| Home Telephone No |  |
| College Telephone No |  |
| Mobile No |  |
| Email Address |  |
| Date of Birth |  |
| Place of Birth |  |
| College I.D Number |  |

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| --- |
| NAME OF HIGHER EDUCATION COLLEGE YOU ATTEND |
|  |

Are you in receipt of a Sports Scholarship/Bursary from any other body? Yes No

***If you have ticked Yes for the above question you are not eligible to receive a bursary from Leinster GAA.***

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| Please list the sports and grade level at which you participated in the past year with your **CLUB** |
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| Please list the sports and grade level at which you participated during the past year with your **COUNTY** |
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| Please list the sports and grade level at which you participated during the past year with your **HIGHER EDUCATION COLLEGE** |
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| Please list any achievements at County/Club/ School and Higher Education college |
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| **Please list administrative or coaching roles undertaken in Cumann Luthchleas Gael, including assisting in the coaching of underage teams** | | |
| **Date** | **Role Undertaken** | **Level (Club, School, Co.)** |
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| Have you obtained a GAA Coaching Certificate? (If yes, please state when and where obtained and Qualification Level) |
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### EDUCATION in the Past Year

|  |  |
| --- | --- |
| school/ Higher Education college attended | |
| NAME |  |
| ADDRESS |  |

|  |  |
| --- | --- |
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| **DETAILS OF CURRENT HIGHER EDUCATION COLLEGE COURSE/PROGRAMME** | |
| **Course Title** |  |
| **Course Description** |  |
|  | |
| **Course Duration** |  |

|  |  |
| --- | --- |
| **Year of Course in 2017/2018** |  |

**CONFIRMATION OF COLLEGE REGISTRAR**

*I wish to confirm that the above named is a student in good standing of this Educational Institution and is enrolled in a fulltime higher education course (60 credits); I also confirm that the above named is not in receipt of a Bursary, Grant or any other form of financial support from this institution*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

SIGNAGTURE OR COLLEGE STAMP DATE

**CONFIRMATION OF COLLEGE GAA CLUB**

*(This Section must be signed by either the Chairman, Secretary or Games Promotion Officer of the relevant college GAA Club)*

*I wish to confirm that the above named is an active member/player of the College Football/Hurling/GAA Club*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE Position**

**SIGNATURES**

**I confirm that the information I have given in this form is true to the best of my knowledge.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STUDENT APPLICANT DATE**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT/GUARDIAN DATE**

Senior Inter County Players who were members of the GPA in 2017 should apply for bursaries at [*www.gaelicplayers.com*](http://www.gaelicplayers.com/) only

**All applications to be sent to;**

Postal address: Leinster GAA Office, Portlaoise Co.Laois

Email: hannah.horan.leinster@gaa.ie

**CLOSING DATE FOR APPLICATIONS 6/10/2017**

(no applications will be accepted beyond this date).