**

**Sport Scholarships and Bursaries Application Form**

**2015/2016**

Personal Details

(Please use Block Capitals)

**Name:**

**C.A.O/Student No:**

**Sport/Activity:**

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| **Home Address:** |
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|  |
| **Date of Birth:** |
| **Telephone Number:** |
| **Mobile Number:** |

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| --- |
| **School:** |
| **Name & Address:** |
|  |
|  |
| **Telephone Number:** |

**ACADEMIC DETAILS**

**Please list the course(s) you have applied for at Galway-Mayo Institute of Technology.**

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# SPORTING DETAILS

**Highest Level Reached – Please Name the Team/Level in each section**

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| **School:** |
| **Club:** |
| **County:** |
| **Provincial:** |
| **International:** |
| **Other Representative:** |

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| **Highest level you are currently playing at:** |

**List of achievements, honours & future goals -**

Use relevant information only:

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| **Please list your future sporting goals here:** |
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**REFEREES**

**Please supply two referees:**

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| --- |
| **Name:** |
| **Address:** |
| **Phone Number:** |
| **Position:** |

|  |
| --- |
| **Name:** |
| **Address:** |
| **Phone Number:** |
| **Position:** |

**Any other relevant information:**

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**PLEASE DO NOT SEND ORIGINAL COPIES OF CERTIFICATES ETC.**

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

**Please return this completed form and return by Tuesday, 1st September 2015.**

**Molly Dunne**

**GMIT Sports Development Officer**

**Galway Mayo Institute of Technology**

**Dublin Road**

**Galway**

**If you have any queries regarding aspects of the Sports Scholarship Scheme, please contact the Sports Department using any of the following:**

**Phone: 091742579**

**e-mail: molly.dunne@gmit.ie**