



## Galway-Mayo Institute of Technology (GMIT)

### Access Scholarships 2018/2019

### Application Form

*Completed application forms (including all documentary evidence) should be returned to:*

*Deirdre O'Connor, Access Officer GMIT, Dublin Road, Galway by 15th May 2018*

### Section 1

**General Information** *(Please give your name as it appears on the CAO form)*

**CAO Number:** \_\_\_\_\_

**Surname:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**Country of birth:** \_\_\_\_\_

**Nationality:** \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**Tel No:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Correspondence Address:** \_\_\_\_\_

\_\_\_\_\_

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**Contact Number of parent/guardian:** \_\_\_\_\_





**Interests/Hobbies**

**Describe briefly interests and hobbies that you enjoy in your spare time**

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## Section 2

### Galway-Mayo Institute of Technology (GMIT)

#### Access Bursary 2018/2019

#### Confidential Information

(The following Parts 1 – 7 should be completed by parent(s) or guardian)

The information provided will be used for the sole purpose of selecting students for the GMIT Access Scholarship application and will not be disclosed to any third party under any circumstances.

#### **PART 1 – Family details**

*Please list all family members, including those not currently living in the family home*

<b>Surname, First Name</b>	<b>Date of birth</b>	<b>Relationship to applicant</b>	<b>Is this person currently living in the family home? Please indicate (Yes/No)</b>	<b>Highest level of education achieved to date*</b>	<b>Current/most recent occupation or current place of study</b>

**\*Level of education i.e. Primary education, Group/Inter/Junior Certificate, Leaving Certificate, PLC, Adult Education, Certificate, Diploma, Degree, Masters degree etc**

## PART 2 – Place of residence

(Please tick the appropriate box)

Home owner		Private rented accommodation	
Local Authority tenant purchase scheme		Local Authority rented flat	
Local Authority rented housing		Other non-permanent accommodation (please provide details)	

## PART 3 – Family status

(Please tick the appropriate box)

Married		Single	
Co-habiting		Separated	
Widowed		Divorced	
Unaccompanied adult		Unaccompanied minor	
Other (please specify)			

## PART 4 – Medical card

(Please tick appropriate box)

	YES	NO
Do you have a full medical card?		
Do you have a GP only medical card?		
If yes, please give your medical card number		
Expiry date of medical card		

## PART 5 – Income from paid employment (including self-employment)

Estimated total income for the year ended 31 <sup>st</sup> December 2017			
	Father	Mother	Guardian
Occupation			
Income from employment (e.g. PAYE salary, wages, fees etc)			
Income from pension (from former employer or pension scheme)			
Income from self- employment			
Income from land: profits from farming activities			

**PART 6: Income from other sources**

<b>Estimated total income for the year ended 31<sup>st</sup> December 2017</b>			
	<b>Father</b>	<b>Mother</b>	<b>Guardian</b>
<b>Rental income (from property or land)</b>			
<b>Maintenance agreements</b>			
<b>Separation/Divorce agreements</b>			
<b>Other income (please specify)</b>			

**PART 7: Income from the Department of Social and Family Affairs  
(DSFA)**

<b>Estimated total income for the year ended 31<sup>st</sup> December 2017</b>			
	<b>Father</b>	<b>Mother</b>	<b>Guardian</b>
<b>DSFA – Unemployment benefit</b>			
<b>DSFA – Unemployment assistance (short term)</b>			
<b>DSFA – Unemployment assistance (long term)</b>			
<b>DSFA – One Parent Family payment</b>			
<b>DSFA – Pension Payment (please specify)</b>			
<b>DSFA – Family Income Supplement</b>			
<b>DSFA – Disability Benefit</b>			
<b>DSFA – Disability Allowance</b>			
<b>Other DSFA payment (please specify)</b>			

**Declaration**

*(The declaration must be signed by both the applicant and his/her parent/guardian)*

I certify that the information supplied in this application form is correct and complete.

**Signature of applicant:**

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**Date:**

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**Signature of parent/guardian:**

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**Contact Number of parent/guardian:**

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**Date:**

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## Academic qualities and school performance

I rate the applicant's potential as follows:

*(Please tick the appropriate box and include a further comment where necessary)*

Qualities/abilities	Very Good	Above average	Average	Below Average	Poor
Motivation					
Comment					
Determination/ staying power					
Comment					
Past record of attendance					
Comment					
Level of literacy					
Comment					
Level of numeracy					
Comment					
Adaptability to new situations					
Comment					
Potential to cope with new situations					
Comment					

### Additional comments

1. What particular supports do you think the applicant would require in order to ensure success in college?

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**2. Is there any other information that would support the student's application?**

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**Signed:** \_\_\_\_\_

**Position held:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Thank you for completing this report*