



# Protestant Aid

CARE AND COMPASSION IN ACTION SINCE 1836

74 Upper Leeson Street, Dublin 4, D04 K2N6

Telephone: 01 668 4298 Fax: 01 660 3292

## SECOND LEVEL EDUCATION EXPENSES GRANT SCHEME FOR ACADEMIC YEAR 2018/2019 ONLY

### PLEASE READ CAREFULLY

1. The information given on this form will be used to administer the application for a School Expenses Grant. All information and personal data will be treated as confidential.
2. Page 1 of the Application Form to be completed by the School Principal/Chaplain  
Page 2 to be completed by the Parent/Guardian
3. This scheme applies to 1<sup>st</sup> Year, 4<sup>th</sup> (Transition) Year and 5<sup>th</sup> Year students **ONLY**
4. Please ensure the application is completed in full

Geoff Scargill  
Head of Charitable Services

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### TO BE COMPLETED BY SCHOOL PRINCIPAL/CHAPLAIN

Name of Parent(s)/Guardian(s)	
Address	
Student Name(s)	
Name of School Principal	
Signature of School Principal	
Address (or School Stamp)	
Telephone Number	
Email	
Brief Report	

**TO BE COMPLETED BY PARENT/GUARDIAN**



Please indicate below at \*Source of Income/Benefit, whether income is from:

- |   |                               |
|---|-------------------------------|
| Earned Income                           | Jobseeker's Benefit/Allowance |
| Widow/Widower's Pension                 | One Parent Family Payment     |
| Deserted Wife/Husband's Benefit         | Carer's Benefit/Allowance     |
| Invalidity Pension/Disability Allowance | Other (please specify)        |

**DETAILS OF PARENTS/GUARDIANS (Please complete in BLOCK CAPITALS)**

		<b>Applicant/Parent/Guardian</b>	<b>Spouse/Partner/Guardian</b>
(a)	<b>Surname</b>		
(b)	<b>First Name</b>		
(c)	<b>Employed / Self-employed / Unemployed</b>		
(d)	<b>Gross Weekly Income</b>		
(e)	<b>*Source(s) of Income / Benefit (see list above)</b>		
(f)	<b>Religious Denomination</b>		

**DETAILS OF DEPENDENT CHILDREN/STUDENTS**

<b>Students Name</b>	<b>Date of Birth dd/mm/yy</b>	<b>Class/Year Attending in Sept 2018</b>	<b>School Attending</b>	<b>Approximate combined cost of books, uniform, travel per annum €</b>

**Signature of Parent/Guardian** \_\_\_\_\_

**Date** \_\_\_\_\_

**Please return this page to the School Principal/Chaplain (if necessary in a sealed envelope)**