



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 2017/2018 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 1st Year, 4th (Transition) Year and 5th Year students **ONLY**
4. Please ensure the application is completed in full

Geoff Scargill
Head of Charitable Services

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)

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

DETAILS OF DEPENDENT CHILDREN/STUDENTS

Students Name	Date of Birth dd/mm/yy	Class/Year Attending in Sept 2017	Approximate combined cost of books, uniform, travel per annum €

Signature of Parent/Guardian _____

Date _____

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