



GAELTACHT SCHOLARSHIP APPLICATION FORM 2017

FOIRM IARRATAIS

ANIM (NAME): _____

SEOLADH (ADDRESS): _____

E-Mail: _____

UIMHIR GUTHÁN (TELEPHONE NUMBER): _____

CLUB: _____

DATA BREITHE (DATE OF BIRTH) _____

SCOIL: _____

BLIAIN AR SCOIL (YEAR AT SCHOOL) _____

PLEASE WRITE A SHORT SUMMARY OF YOUR INVOLVEMENT IN SCÓR NA NÓG

COMPETITIONS:

PLEASE WRITE A SHORT SUMMARY OF YOUR INVOLVEMENT IN GAELIC GAMES WITH YOUR

CLUB/SCHOOL:

CLOSING DATE OF APPLICATIONS ON OR BEFORE: FRIDAY 3RD FEBRUARY 2017



LOCATION AND COURSE PREFERENCE AT COLÁISTE NA BHFIANN (Note: This will not limit you to this location): _____

DECLARATION

IF I AM SUCCESSFUL IN MY APPLICATION I AGREE TO FOLLOW ALL THE RULES OF COLÁISTE NA BHFIANN, AND I WILL BE COMMITTED TO PLAYING GAELIC GAMES OR TAKING PART IN SCÓR ACTIVITIES WITHIN MY CLUB AND COUNTY.

APPLICANT'S SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____

IMPORTANT NOTES:

- A) APPLICATIONS APPLY TO 1ST & 2ND, TY & 5TH YEAR STUDENTS ONLY
- B) APPLICANTS MUST BE MEMBERS OF A COUNTY SLIGO GAA CLUB
- C) APPLICATION FORMS MUST BE SIGNED BY THE APPLICANT & PARENT
- D) SCHOLARSHIPS WILL ONLY BE GRANTED FOR THOSE ATTENDING COURSE AT COLÁISTE NA BHFIANN RUN COURSES. DETAILS OF ALL COURSES ARE AVAILABLE AT www.cnb.ie
- E) BY SIGNING THE ABOVE FORM YOU CONSENT TO ENQUIRIES BEING MADE TO VERIFY SCHOOL DETAILS AND INVOLVEMENT IN SCÓR NA NÓG AND OTHER GAA ACTIVITIES
- F) THE MAXIMUM GRANT ANYONE CAN RECEIVE WILL BE CAPPED AT €500

FULLY COMPLETED FORMS TO BE RETURNED TO:

Céit Mac Éinrí

Keith Henry

Oifigeach Gaeilge agus Cultúr

Irish and Cultural Officer

Cill Fhábhail,

Killavil

Baile an Mhóta,

Ballymote

Co. Sligh

Co.Sligo

Ríomhphost: irishculturalofficer.sligo@gaa.ie

Fón: 086-3357182