**1. Applicant**

|  |  |
| --- | --- |
| Name: |  |
| Home Address: |  |
| Date of Birth: |  |
| Telephone No: |  |
| Email Address: |  |

CAO Code and Title of Honours Bachelor Degree - Level 8 - Course accepted:

|  |
| --- |
|  |

Have you been accepted on the HEAR and/or DARE schemes?

|  |
| --- |
|  |

Have you received the SUSI grant?

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| --- |
|  |

**2. Applicant's Father/Guardian:**

|  |  |
| --- | --- |
| Name: |  |
| Occupation: |  |
| Place of Work: |  |

**3. Applicant's Mother/Guardian:**

|  |  |
| --- | --- |
| Name: |  |
| Occupation: |  |
| Place of Work: |  |

**4. Gross Combined Income per year:**

**Tick appropriate box:**

|  |  |
| --- | --- |
| Less than €20,000 |  |
| €20,000 -> €30,000 |  |
| €30,000 -> €40,000 |  |
| €40,000 -> €50,000 |  |
| More than €50,000 |  |

**P.T.O ->**

**SUPPORTING DOCUMENTATION REQUIRED**

1. If your parent(s)/guardian(s) received income from employment or self-employment

* You must submit your parent(s)/guardians(s) Statement of Liability or a Self- Assessment – Chapter 4 for 2023
* Supply documents for both parent(s)/guardian(s). If they are jointly assessed one document is sufficient.
* Submit both pages of Statement of Liability including back front and back. If only one page submitted, it cannot be assessed.
* In all cases where you are submitting a Self-Assessment – Chapter 4 or Notice of Assessment all pages are required.

1. If your parent(s)/guardian(s) received income from Social Welfare Payments other than child benefit

* Go to [www.mygov.ie](http://www.mygov.ie) or [www.mywelfare.ie](http://www.mywelfare.ie) – download Statement of Payments received from Department of Social Protection Form for 2023

**5. Applicant's Brothers & Sisters (if any)**

|  |  |  |
| --- | --- | --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Age:  \_\_\_\_\_\_ | Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Age:  \_\_\_\_\_\_ | Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Age:  \_\_\_\_\_\_ | Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Age:  \_\_\_\_\_\_ | Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**6. Personal Statement**

The candidate’s statement should cover the following areas (maximum 500 words):

* Your contribution to the ethos and school/student life in Gaelcholáiste Mhuire AG
* Your education plans and goals
* Your career interests and ambitions
* Extracurricular interests and achievements
* The challenges you face to progressing in education (financial, physical and/or mental health, family and/or personal circumstances)

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| --- | --- |
| **Signature of Applicant:** |  |
| **Signature of Parent/Guardian:** |  |
| **Date:** |  |

The Lehane Scholarship application form must be properly completed by each applicant and returned to The Secretary of The Lehane Scholarship Selection Committee, Gaelcholáiste Mhuire (AG), An Mhainistir Thuaidh, Corcaigh no later than **16:00 hrs on Friday 22nd November 2024.** The completed form can also be scanned and emailed to:[CMNiMhurchu@gcm.ie](mailto:CMNiMhurchu@gcm.ie)