



GAA Higher Education Bursary Application Form

Please affix passport-sized photo here with your name printed clearly on the back.

Name: _____

Address: _____

Home Telephone Number: _____ Mobile Number: _____

Email Address: _____

Date of Birth: _____

Home Club: _____ Home County: _____

Name of Higher Education College you attend: _____

Course Name: _____ Course Duration: _____

Year of Course: _____ Course Level: _____

Student I.D. Number: _____ Full Time Student: Yes No

Are you an active member of your College GAA Club: Yes No

Code:
Gaelic Football: Hurling: Dual: Handball:

Camogie: Ladies Gaelic Football: Dual:

Are you currently in receipt of a Sports Scholarship/Bursary from any other body?

Yes: No:

I wish to confirm that all information provided in this document is true and accurate.

Signature: _____

Date: _____

Details of Playing Career to date:

<p>Club:</p> <hr/> <hr/> <hr/> <hr/>
<p>County:</p> <hr/> <hr/> <hr/> <hr/>
<p>College:</p> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Other:</p> <hr/> <hr/> <hr/> <hr/>



Are you an actively involved as an Administrator/Coach with your College GAA Club:
Yes: No:

Details of involvement as Admin/Coaching to date:

<p>Club:</p> <hr/> <hr/> <hr/> <hr/>
<p>County:</p> <hr/> <hr/> <hr/> <hr/>
<p>College:</p> <hr/> <hr/> <hr/> <hr/>
<p>Other:</p> <hr/> <hr/> <hr/> <hr/>

Do you currently hold a GAA Coaching Qualification? Yes: No:

Foundation: Hurling: Football:

Award 1/Level 1: Hurling: Football:



GAA HIGHER EDUCATION BURSARY APPLICATION FORM 2015/16

To be completed by College Registrar only:

I wish to confirm that, _____, is a registered full time student, in
(name of applicant)
_____.
(name of college).

I wish to confirm that the above named is a student in good standing of this Educational Institution and is enrolled in a fulltime higher education course (60 credits); I also confirm that the above named is not in receipt of a Bursary, Grant or any other form of financial support from this institution

Signature: _____, (College Registrar).

Date: _____

College stamp

To be completed by College GAA Club:

(to be completed by either, Club Chairman/Secretary or Games Development Officer).

I wish to confirm to confirm that _____, is not in receipt of a Sports
(name of applicant)
Scholarship/Bursary award from this college.

I wish to confirm that _____, is an active member of our College
(name of applicant)
GAA Club.

Signature: _____,

Date: _____

Senior Inter County Players who were members of the GPA in 2015 should apply for bursaries at www.gaelicplayers.com only

All applications to be sent to;

Postal address: Connacht GAA Centre, Cloonacurry, Bekan, Claremorris, Co. Mayo

Email: reception.connacht@gaa.ie

CLOSING DATE FOR APPLICATIONS 9/10/2015

(no applications will be accepted beyond this date).