



**GAELTACHT SCHOLARSHIP APPLICATION FORM
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: MONDAY FEBRUARY 16th 2015



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'S SIGNATURE: _____

IMPORTANT NOTES:

- A) APPLICATIONS APPLY TO 1ST & 2ND 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 €300

FULLY COMPLETED FORMS TO BE RETURNED TO:

Céit Mac Éinrí
Oifigeach Gaeilge agus Cultúr
Cill Fhábhail,
Baile an Mhóta,
Co. Sligigh

Keith Henry
Irish and Cultural Officer
Killavil
Ballymote
Co.Sligo

Ríomhphost: irishculturalofficer.sligo@gaa.ie

Fón: 086-3357182

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