



Coiste Chontae Shligigh
Cumann Lúthchleas Gael



GAELTACHT SCHOLARSHIP APPLICATION FORM

FOIRM IARRATAIS

ANIM:
(NAME): _____

SEOLADH:
(ADDRESS): _____

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.

IF I AM SUCCESSFUL IN MY APPLICATION I AGREE TO FOLLOW ALL THE RULES IN MY CHOSEN COLLEGE, 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: _____

NB:

- 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**

FULLY COMPLETED FORMS TO BE RETURNED TO:

**BEARNÁIRDÍN NÍC SHAMHRÁIN, (BERNARDINE MCGAURAN)
OIFIGEACH CULTURA & GAELIGE
CLOCH MÓR, (CLOGHERMORE)
CHONTAE SHLIGIGH. (SLIGO)**

**GUTHÁN – 086/1950375 ---071/9145676
EMAIL- irishculturalofficer.sligo@gaa.ie**

CLOSING DATE OF APPLICATIONS ON OR BEFORE:

FRIDAY MAY 4th 2012

Name , address & contact details of College your attending:

College ID number: _____