

Application form for the O'Brien Twin Sisters Educational Trust Fund

Please answer **ALL** questions. This form is confidential.

1. Nature of application

From a school, relating to an individual child

(if yes, refer to **2.** below)

Application in relation to a school project

(if yes, refer to **3.** below)

Application from another person or organisation on behalf of an individual child

(if yes, refer to **4.** below)

Application from another person or organisation relating to the provision of educational services

(if yes, refer to **5.** below)

2. Application from a school relating to an individual child

Name of child Age

School

Roll number, if applicable

Specify whether the school is under the trusteeship or patronage of the Archbishop of Dublin or, in the case of a VEC, whether the

Archbishop sits on its Board of Management

Type of funding required

a. School costs

b. Educational assessment

c. Extra-curricular activity

d. Other

Amount of funding requested €

Please provide additional details to support the application setting out how the grant will facilitate the education of the child and prevent educational disadvantage

3. Application from a school, relating to a school project

Name and address of school

Specify whether the school is under the trusteeship or patronage of the Archbishop of Dublin or, in the case of a VEC, whether the Archbishop sits on its Board of Management

Is the school part of DEIS (Delivering Equality of Opportunity in Schools)? Yes No

Purpose of funding request

(further information, including the name of the project, setting out how the provision of funding will enhance the education of needy children whose education might be neglected without such funding can be provided under Section 8. Supplementary Information)

Amount of Funding requested € Current reserves of school operating bank account €

4. Application from a parent/guardian on behalf of a child

Name of child Age

School

Class

PPS number of child

Type of funding required

- a. School costs c. Other
b. Educational assessment d. Amount of funding requested

Please provide additional details to support the application setting out how the award of funding will enhance the education of your Catholic child whose education might be neglected without such funding.

Referee Details

Name Position

Contact Details

The referee may be one of the following (local clergy, school principal, your GP, a member of An Garda Síochána or your community health nurse).

5. Application from another person or organisation relating to the provision of educational services

Name of person/organisation

Are you a registered charity? Yes No

If yes, please provide your CRA number

Purpose of funding request

(Further information may be included on the supplementary section at the end of the form)

Amount of Funding requested

Please provide additional details to support the application setting out how the award of funding will enhance the education of needy children whose education might be neglected without such funding.

Referee Details

Name Position

Contact Details

6. Further information required for all applications

Has funding for this purpose been requested from other organisations or bodies? Yes No

If yes, please give details, including any response and the year the request was made.

7. Supplementary Information to support the application (if required)

DECLARATION

Name of applicant

I declare that the information given by me on this form is truthful and complete. I understand that if any of the information I provide is untrue or misleading or if I fail to disclose any relevant information, I will be required to repay any grant I receive from the Trust. I also undertake to immediately advise you of any change in circumstance which may affect ongoing entitlement to the grant once awarded.

Signature(s) (not block letters)

School Principal **AND** Chair of Board of Management

(School applications must be signed by both the Principal and the Chair of the Board of Management.)

Parent/Guardian of a child

Another Person/Organisation

Date

Please send the completed application form to:

Ide Finnegan
Finance Secretariat
Holy Cross Diocesan Centre
Clonliffe Road
Dublin 3

Or by email to: i.finnegan@abfinance.org