



Scoil Náisiúnta Bhantiarna Lourdes

"Mol an óige 'is tiocfaidh sí"

Hospital Hill,
Bunclody,
Co. Wexford

Phone: (053) 9371380
E-mail: secretarybunclodyns@gmail.com
Website: www.bunclodyns.com

June 2014

Application Form for Department of Education and Skills Book Grant Scheme

2014 – 2015 School Year

(All sections of this form must be completed.
Incomplete forms may result in a delay or rejection of your application)

Parents' Name(s): _____

Address: _____

Phone Number: _____

Medical Card Number: _____

Child's Name(s)	Date of Birth	Class for 2014/2015	PPS Number

Eligibility of Pupils

Pupils eligible for assistance under this scheme would include pupils from a family where there is genuine hardship because of unemployment, prolonged illness of a parent, large family size with inadequate means, single parenthood or other family circumstances, which might indicate a similar degree of financial hardship.

Such families may be divided into the following three categories:

- Families that are dependent mainly on social welfare payments
- Families on low incomes from employment (Such families are likely to be in receipt of Family Income Supplement or to be beneficiaries under the Back to School Clothing and Footwear Scheme.)
- Families that are experiencing financial hardship because of particular circumstances in the home.

The school is required to retain documentary evidence of the applications and criteria used to administer the DES Book Grant Scheme. Please indicate below with a ✓ which **evidence** you are providing to qualify for the Book Grant Scheme

State Pension (Transition, Contributory or Non Contributory)		Back to Work Allowance	
Pre-Retirement Allowance		Back to Work Enterprise Allowance	
Widow/ers Pension		Part-Time Job Incentive Scheme	
One-Parent Family Payment (OFP)		Jobseeker's Benefit	
Illness Benefit		Jobseeker's Allowance	
Invalidity Pension		Deserted Wife's Benefit	
Disability Allowance		Deserted Wife's Allowance	
Blind Pension		Family Income Supplement (FIS)	
Injury Benefit		Farm Assist	
Disablement Benefit		Supplement Welfare Allowance	
Carer's Benefit Allowance		Other (Please Specify)	

Signed: 
Principal

(All information given will be treated confidentially)