

WICKLOW SPORTS & RECREATION PARTNERSHIP & WICKLOW COUNTY COUNCIL

KATIE TAYLOR BURSARY FOR THIRD LEVEL EDUCATION 2024-25



APPLICATION FORM

Applicants should ensure they are familiar with the terms and conditions of the scheme before completion of this application form.
Please complete in black pen or type ensuring your statement is legible

The application should be completed as follows:

- **PART 1** - By the applicant
- **PART 2** - By a parent/guardian of the applicant
or
By the applicant if a mature student
- **PART 3** - By the applicant's referee

Please return fully completed application forms by 12 noon on Thursday 31st of October 2024.

TO:

Wicklowlsp@wicklowcoco.ie

OR

Wicklow Sports & Recreation Partnership, Wicklow County Council, County Buildings, Wicklow, Co. Wicklow.

Wicklow County Council will:

- Use the information provided on the application form to assess the suitability/eligibility of the applicant
- Seek additional information from applicant or referee as /where necessary
- Shortlist applicants according to information supplied on the application form
- Hold selection interviews for short listed applicants

APPLICATION FORM - PART 1

(To be completed by applicant)

PERSONAL DETAILS

Surname: (as on Birth cert)	
First Name(s):	
Date of Birth:	
PPS Number:	

Home Address:	Correspondence Address (if different from home address)
Phone:	Mobile:
E-mail:	

DETAILS OF INVOLVEMENT IN SPORTS

Name of Club/Type of sport	List any distinguishing achievements

SECOND LEVEL EDUCATION

School(s) Attended:	From	To

DETAILS OF OTHER QUALIFICATIONS (SPORTS RELATED OR OTHER)

Course Name	Year	Result (If applicable)

CANDIDATE'S CAO/UCAS APPLICATION FOR 2024 – does NOT have to be sports related (In order of preference)

Course Level	Course Title	College	CAO/UCAS Code

2024 CAO / UCAS Number

Please enclose a copy of CAO / UCAS course selection confirmation slip. If not yet available, please advise Wicklow County Council as soon as it is received

HIGHER EDUCATION GRANTS

Do you intend to apply for a Higher Education Grant in 2024?

Yes No

An application for a Higher Education Grant will not be a bar to the award of a bursary.

In addition to this bursary are you applying for any other scholarship/bursary?

Yes No

If yes, please give details:

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Wicklow County Council will liaise with other Bursary/Scholarship providers to ensure non-duplication of the Bursary Award.

CURRENT EMPLOYMENT DETAILS (If any)

Name Of Employer/ Type Of Work	Employment Dates	
	From	To

PERSONAL STATEMENT

The information provided in this statement will form part of Wicklow County Council's assessment of your application for short-listing and subsequent interview.

SECTION A should include:

- Expansion of your sporting interests/achievements
- Your interest in degree course chosen and evidence to demonstrate this.
- Strengths and experiences which will help you to succeed at college.
- Details of any employment, work experience, or voluntary work carried out.
- Any other interests/achievements
- Any other information relevant to your application.

PERSONAL STATEMENT - SECTION A

SECTION B should include:

- Economic, social or other disadvantage, including disability, experienced by you or your household which may impede you from studying.
- The support and assistance required to overcome the economic/social barrier of disadvantage, to allow you to study.

- I declare that all the information supplied in this application is true and accurate
- I accept the terms and conditions of the Bursary Award
- I hereby **authorise** Wicklow County Council to make enquiries, where necessary, in regard to the application for a Higher Education Grant.

Signature of Candidate: _____ **Date:** _____

PART 2

HOUSEHOLD CIRCUMSTANCES (To be completed by Parent/Guardian OR applicant if a mature student)

The information provided in PART 2 will not be disclosed to any individual, agency or body.

APPLICANT'S NAME:

PERSONAL DETAILS:

	Father/Guardian Or Applicant (if mature student)	Mother/Guardian Or Applicant (if mature student)
Name in full		
Address		
Telephone No.		

EMPLOYMENT STATUS:

(Please tick as appropriate)

	Father/Guardian Or Applicant	Mother/Guardian Or Applicant
Employee		
Self Employed		
Unemployed		
Retired		
Other (please specify)		

OTHER HOUSEHOLD DEPENDANTS

Name	Age	Particulars e.g. fulltime school, college student, person with disability, older relative etc.

Does your family hold:

Medical Card GP Only Card

(This is not intended as an eligibility criteria)

ANY ADDITIONAL RELEVANT HOUSEHOLD INFORMATION

DECLARATION

I declare that the information supplied in PART 2 of this form is true and accurate.

Signature (Parent/Guardian) _____ Date: _____

PART 3

ACADEMIC/SPORT REFERENCE

APPLICANT'S NAME:

REFEREE DETAILS:

Name	
School/Club	
Address	
Phone	
e-mail	
Position	

Are you related to the candidate Yes No

How long have you known the candidate Years

ASSESSMENT OF APPLICANT

Your assessment of the all round ability, potential and commitment of the applicant

Any other information you consider relevant to the application.

I declare that the information supplied is true/ accurate.

Signature: _____ Date: _____