

**STUDENT GRANT APPLICATION FORM 2009/10**

HIGHER
EDUCATION
GRANT SCHEME
2009

VOCATIONAL EDUCATION
COMMITTEES' SCHOLARSHIP
SCHEME
2009

THIRD LEVEL
MAINTENANCE GRANTS
SCHEME FOR TRAINEES
2009

MAINTENANCE GRANTS
SCHEME FOR STUDENTS
ATTENDING POST-LEAVING
CERTIFICATE COURSES
2009

Student's Name:

For Official Use Only

Student Ref No

CLOSING DATE: 31 AUGUST 2009

The Local Authority/VEC may accept an application which is not received on time and, at its own discretion, treat such application as if it had been received on time.

In order to be considered for a maintenance grant in respect of a full-time course in further or higher education under one of the above schemes, please complete this application form. **PLEASE READ THE ACCOMPANYING NOTES BOOKLET BEFORE COMPLETING THE APPLICATION FORM.**

It should be noted that **failure to complete each section will constitute an incomplete application** and it will be returned to you. This will delay the timely processing of your application and delay payment in respect of a successful application.

Details of the scheme relevant to your application are available on request from your Local Authority/VEC, from the Department of Education and Science website www.education.ie or from www.studentfinance.ie

If you are experiencing difficulty in completing your application form all queries should be directed to your Local Authority/VEC, as appropriate.

PLEASE COMPLETE THE FOLLOWING QUESTION

Q. Please tick (✓) which of the following full-time courses you wish to pursue?

Post Leaving Certificate Level	Higher Certificate	Ordinary Bachelor Degree	Honours Bachelor Degree	Higher Diploma <input type="checkbox"/>	Masters Degree	Doctoral Degree
Level 5 <input type="checkbox"/> Level 6 <input type="checkbox"/>	Level 6 <input type="checkbox"/>	Level 7 <input type="checkbox"/>	Level 8 <input type="checkbox"/>	Postgraduate Diploma <input type="checkbox"/>	Level 9 <input type="checkbox"/>	Level 10 <input type="checkbox"/>

LA/VEC contact details:

For Office Use Only


Date of Receipt of Original Application	Returned to Applicant on	Completed Application Resubmitted on:	Decision
			Approved / Refused Decision Date:
Course being attended			Rate Approved:
College being attended			



PERSONAL INFORMATION

Please Complete all Sections

Q.1 Category of Candidate [please (✓) tick]

Mature candidate dependent on parents  Independent mature candidate Candidate other than a mature candidate

Q.2 Candidate's Details [please print clearly]

Candidate's Full Name: MALE: FEMALE:

Current Home Address:
(not your university or college address)

Length of time at current address in months and years

If you had an address other than the above address from the 1st of October 2008 or from the 1st of October of the year preceding your entry or re-entry to an approved course, please give details below

Your Address	From(MM/YYYY)	To(MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone No: Mobile: Email:

Nationality: Date of Birth: Your Mother's Birth Surname:

CAO/UCAS No. Candidate's PPS No:
(PPS No. must be inserted)

Q.3 Candidate's current status [please (✓) tick]:

Married	Single	Cohabiting	Separated	Divorced	Widowed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q.4 Candidate's status prior to commencement of course in the 2009/10 academic year [please (✓) tick]:

Employed	Self Employed	Unemployed	Retired	Student	Other (please Specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Occupation of Candidate:

Q.5 Are your parents [please (✓) tick]?

Married	Single	Cohabiting	Separated	Divorced	Widowed	Other (specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please Complete all Sections

Q.6 Personal details of..

	Father/Guardian	Mother/Guardian	Candidate's Spouse
Name in full:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Permanent Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Length of time at current address in months and years:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone No.:	<input type="text"/>	<input type="text"/>	<input type="text"/>
PPS No.:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Status: (Please tick (✓) the appropriate box)	Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Other Please specify <input type="checkbox"/>	Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Other Please specify <input type="checkbox"/>	Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Other Please specify <input type="checkbox"/>
Occupation (current or previous job):	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please confirm whether the above details relate to your Parents Guardian

If you had an address other than the above address from the 1st of October 2008 or from the 1st of October of the year preceding your entry or re-entry to an approved course, please give details below

From(MM/YYYY)	To(MM/YYYY)	Address	Address	Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Q.7 Details of Dependent Children:

Please give details of children (including foster children) under the age of sixteen years on 1 October 2008, or over sixteen years who are attending a full time course of studies at an educational institution, or medically certified as permanently unfit for work.

Full Name	Date of Birth	School/College Attending 2009/10
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Details of any of the above children who will be attending full time third level education, PLC course, Student Nurse, Garda Training, Failte Ireland & Teagasc Courses or full time course of further education in Northern Ireland, for 2009/10 academic year. Documentary evidence is required in respect of each child attending one of the courses listed below.

Full Name	College Attended	Course & Year	Awarding Grant Auth. where relevant
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please Complete all Sections

Q.8 Candidate's Previous Academic Attainment

Year of Leaving Cert

Are you currently attending a PLC/3rd Level Course?
If yes please give details _____ Yes No

Do you hold a F.E.T.A.C. (N.C.V.A.) or equivalent qualification? (e.g. PLC Course)? Yes No

Have you ever commenced but not completed a F.E.T.A.C. (N.C.V.A.) course (e.g. PLC Course)? Yes No

If YES please complete the following:
When did you commence the course? _____ When did you leave the course? _____

Do you hold an Undergraduate qualification? (e.g. Certificate, Diploma or Degree Higher Certificate, Ordinary Bachelor Degree or Honours Bachelor Degree)? Yes No

Have you ever commenced but not completed an Undergraduate course in the State or elsewhere? (Certificate, Diploma.....) Yes No

If YES please complete the following:
When did you commence the course? _____ When did you leave the course? _____

Do you hold a Postgraduate qualification? Yes No

Have you ever commenced but not completed a Postgraduate course in the State or elsewhere? (Higher Diploma, Postgraduate Diploma....) Yes No

If YES please complete the following:
When did you commence the course? _____ When did you leave the course? _____

Candidates who previously attended or are currently attending full-time 3rd level / PLC courses must supply the following information in respect of each year of each course

PREVIOUS ACADEMIC HISTORY (In the State or elsewhere)

Academic Year:	Name of Course:	Year of Course:	Name of College:	Qualification:	Result:	Grant/Scholarship:
2008/09		eg. 1,2,3				

Documentary evidence is required in respect of each course completed or part completed

If you do not have sufficient space in the above table to insert information in respect of your previous academic history you may insert further information on page 16 of this application form.

Q.9 Other Relevant Information

Have you made a previous application for a student support grant?
If YES, when? _____ and to whom? _____ Yes No

Have you applied for or will you be in receipt of any financial assistance from another local authority/ VEC / Department of Education and Science in respect of the 2009/10 academic year? Yes No
If YES please give details: _____

Have you applied for or will you be in receipt of any financial assistance payable from public funds including public funds from other EU member states, e.g. (Back to Education Allowance, Scholarships, Grants, etc)? Yes No
If YES please give details: _____

Have you applied for or will you be in receipt of a Postgraduate Research Grant for the 2009/10 academic year? Yes No

If YES please give details of full amount including fees. €



Section 1

INCOME FROM EMPLOYMENT

e-g PAYE (Irish & Foreign)

Please note that a P60 (from employer) and a 2008 P21 PAYE Balancing Statement (available from your local tax office or online at www.revenue.ie) for the year ended 31 December, 2008 (the tax year 2008) must be submitted. The foreign equivalent of a P21 is also acceptable. Expenses directly related to employment as per P21 should be deducted from gross income. If employment was terminated during the period 1 January 2008 to 31 December 2008 (tax year 2008), a P45 (from previous employer) must be submitted.



Please Complete all Sections



Gross Income
For the year ended
31 December 2008 (the tax year 2008)

(a) Name of Employer
Gross Income including Benefit-in-Kind

(b) Name of Employer
Gross Income including Benefit-in-Kind

(c) Name of Employer
Gross Income including Benefit-in-Kind

(d) Total Gross Income (d) = (a)+(b)+(c)
(as per P60s/P45s and P21 - i.e. PAYE Balancing Statement)

(e) Less Superannuation/PRSA Contributions*
(not deducted by employer)

(f) Total for Reckonable Income Purposes
f = (d) - (e)

State Company
Name(s)
Registered Number(s) and
Percentage
Shareholding

Father's/Guardian's

(a)
€

(b)
€

(c)
€

(d) €

(e) €

(f) €

Mother's/Guardian's

(a)
€

(b)
€

(c)
€

(d) €

(e) €

(f) €

Candidate's

(a)
€

(b)
€

(c)
€

(d) €

(e) €

(f) €

Candidate's Spouse
(if applicable)

(a)
€

(b)
€

(c)
€

(d) €

(e) €

(f) €

*The pay figure on the P60/P45 is already net of superannuation and PRSA deductions processed through the employer's payroll. The amounts to be entered here are additional payments, including PITC contributions, made directly by the employee.

DETAILS OF DIRECTORSHIPS HELD

Father/Guardian

Mother/Guardian

Candidate

Candidate's Spouse
(if applicable)

Please include any income from Directorships in the income table above.

INCOME FROM ALL SOCIAL WELFARE/HEALTH SERVICE EXECUTIVE PAYMENTS

Please Complete all Sections

It will be necessary to submit a statement from the Department of Social and Family Affairs and if applicable, the Health Service Executive or their foreign equivalents showing the total amount(s) received in the year ended 31 December 2008 (the tax year 2008). This statement should include the date payment commenced and the date payment ceased, if applicable.

Type of Payment
e.g. Job Seekers Benefit,
Social Welfare Pension,
Supplementary Welfare Allowance,
Rent Allowance **etc.**

**Amount Received
Weekly**

**Amount Received
in the year ended 31
December 2008 (the
tax year 2008)**

Father/Guardian

(a)	€	€
(b)	€	€

Does the Payment include*:-

(c) a Qualified Adult Allowance Yes No

(d) a Child Dependent Increase Yes No

If Yes, for how many children?

Mother/Guardian

(a)	€	€
(b)	€	€

Does the Payment include*:-

(c) a Qualified Adult Allowance Yes No

(d) a Child Dependent Increase Yes No

If Yes, for how many children?

Candidate

(a)	€	€
(b)	€	€

Does the Payment include*:-

(c) a Qualified Adult Allowance Yes No

(d) a Child Dependent Increase Yes No

If Yes, for how many children?

Candidate's Spouse

(a)	€	€
(b)	€	€

(if applicable)

Does the Payment include*:-

(c) a Qualified Adult Allowance Yes No

(d) a Child Dependent Increase Yes No

If Yes, for how many children?

All payments from the Health Service Executive in respect of Rent Allowance, Supplementary Welfare Allowances (SWA), etc. must be entered above

** The statements should indicate whether a Qualified Adult Allowance is payable and, if so, the amount. The statement should also indicate, if applicable, the number of Child Dependent Increases paid and the rate of allowance. Please note this does not refer to Child Benefit (Children's Allowance).*

INCOME FROM PENSIONS OTHER THAN SOCIAL WELFARE PENSION (INCLUDING LUMP SUM ON RETIREMENT)

Please Complete all Sections

Gross Amount in
the year ended 31
December 2008 (the tax
year 2008)

Name of Employer/Pension Provider

Father's/Guardian's Income from Pensions	(a)	€
	(b)	€
Mother's/Guardian's Income from Pensions	(a)	€
	(b)	€
Candidate's Income from Pensions	(a)	€
	(b)	€
Income from Pensions for Candidate's Spouse	(a)	€
	(b)	€

(if applicable)

Please note that a P60 (from employer/pension provider) and a 2008 P21 PAYE Balancing Statement (available from your local Tax Office or online at www.revenue.ie) for the year ended 31 December 2008 (the tax year 2008) must be submitted.

DETAILS OF LUMP SUM ON RETIREMENT

If retirement took place during the year ended 31 December 2008 (the tax year 2008), it will be necessary to complete the following:

Name of Person who Retired:

Relationship to Candidate: Date of Retirement:

Gross Amount of Lump Sum: € ÷ Number of Years of Service:

= Reckonable Portion of Lump Sum for full year €

The following documents must be submitted -

A letter from employer and/or body administering pension showing:

- Date employment ceased
- Gross amount of Lump Sum if received within the year ended 31 December 2008 (the tax year 2008).
- Number of years in that employment
- Gross Annual Pension

Please note that amounts withdrawn from pension products (e.g. PRSA, ARF, AMRF) for personal use – i.e. for purposes other than for the payment of a retirement lump sum or the purchase of an annuity pension are to be entered at their gross value in Section 10, Page 11 under "Income from sources not shown elsewhere".

INCOME FROM SELF EMPLOYMENT, INCLUDING FARMING

Please Complete all Sections

	Father/Guardian	Mother/Guardian	Candidate	Candidate's Spouse <small>(if applicable)</small>
Description of Trade or Business	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address at which Business is carried on	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Accounts cover the period from	<input type="text"/> to	<input type="text"/> to	<input type="text"/> to	<input type="text"/> to
If exempt from filing Tax Returns please tick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Profit (Loss) adjusted for Income Tax purposes	(a) € <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
Add Interest on Capital Expenditure (Complete Schedule A at page 12)	(b) € <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
Remuneration Adjustment (Complete Schedule B at page 12)	(c) € <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
Finance Lease Payments	(d) € <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
*Less Retirement Annuity / PRSA Contributions / PITC Contributions	(e) € <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
Total Income from Self Employment	(f) € <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
	(f = (a+b+c+d)-e)			

If insufficient space, use page 16 at back of form.

*Enter the amount once in either Section 4 or Section 5.

All of the following documents must be submitted -

ACCOUNTS

Final accounts for each business for a year ending between 1 January 2008 and 31 December 2008. The accounts extracts pages from your return of income do not satisfy this accounts requirement.

TAX ASSESSMENTS

Original Notice of Assessment for 2008.

or

If exempt from filing a Return of Income for the year ended 31 December 2008 (the tax year 2008), it will be necessary to submit a current letter from the Revenue Commissioners confirming same.

ADJUSTED PROFIT COMPUTATION

for the tax year 2008.

RENT AND OTHER INCOME FROM LAND AND PROPERTY

Please Complete all Sections

In the case of rental or other income from Irish and/or Foreign Property/Land, insert the following information:

	Father/Guardian	Mother/Guardian	Candidate	Candidate's Spouse (if applicable)
Address of Property/Land:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Description (eg. Lodgers, House, Land, Acreage, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Profit (Loss) adjusted for Income Tax purposes for the year ended 31 December 2008 (the tax year 2008) (a)	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
Add Interest on Capital Expenditure (Complete Schedule A, at page 12) (b)	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
Remuneration Adjustment (Complete Schedule B, at page 12) (c)	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
Finance Lease Payments (d)	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
Section 23 Type Relief (e)	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
*Less Retirement Annuity/PRSA Contributions /PITC Contributions (f)	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
Total Income from Land and Property (g) (g = (a+b+c+d+e)-f)	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>

If insufficient space, use page 16 at back of form.

*Enter the amount once in either Section 4 or Section 5.

The following documents must be submitted -

ACCOUNTS

Final accounts for the year ended 31 December 2008 (the tax year 2008). The accounts extracts pages from your return of income do not satisfy this accounts requirement.

TAX ASSESSMENTS

Original Notice of Assessment for 2008.

or

If exempt from filing a Return of Income for the year ended 31 December 2008 (the tax year 2008), it will be necessary to submit a current letter from the Revenue Commissioners confirming same.

ADJUSTED PROFIT COMPUTATION

for the tax year 2008.

Section 6

GROSS INCOME FROM DEPOSIT ACCOUNTS/INVESTMENTS, ETC

Please Complete all Sections

Gross Income for the year ended 31 December 2008 (the tax year 2008)

	Name of Financial Institution/ Description of Income	
Father's/Guardian's	(a)	€
	(b)	€
Mother's/Guardian's	(a)	€
	(b)	€
Candidate	(a)	€
	(b)	€
Candidate's Spouse <small>(if applicable)</small>	(a)	€
	(b)	€

It will be necessary to submit supporting documentation from relevant Institution, e.g. Bank, Building Society, Post Office, Credit Union, etc.

Section 7

INCOME FROM MAINTENANCE ARRANGEMENTS, SEPARATION/DIVORCE AGREEMENTS, SETTLEMENTS, TRUSTS, COVENANTS, ESTATES, ETC.

Details are required of income under any of the above headings other than for the exception on page 8 of Notes

	Father/Guardian	Mother/Guardian	Candidate	Candidate's Spouse <small>(if applicable)</small>
Description of sources of income				
Total in the year ended 31 December 2008 (the tax year 2008)	€	€	€	€

Section 8

DISPOSAL OF ASSETS & RIGHTS

Details are required of all disposal of assets and rights other than for the exceptions listed on page 9 of Notes

	Father/Guardian	Mother/Guardian	Candidate	Candidate's Spouse <small>(if applicable)</small>
Total from Schedule C	€	€	€	€

It will be necessary to complete Schedule C on page 13 of this form and transfer totals here.

Please Complete all Sections

Section 9

GIFTS & INHERITANCES

Details are required of all gifts and inheritances other than for the exceptions listed on page 10 of Notes

	Father/Guardian	Mother/Guardian	Candidate	Candidate's Spouse (if applicable)
Total from Schedule D	€	€	€	€

It will be necessary to complete Schedule D on page 13 of this form and transfer totals here

Section 10

INCOME FROM SOURCES NOT SHOWN ELSEWHERE

If income was received in the year ended 31 December 2008 (the tax year 2008) from any source not already included in Sections 1 to 9 inclusive, details must be supplied. Please see page 11 of notes booklet for examples.

If insufficient space, use page 16 at back of form.

	Father/Guardian	Mother/Guardian	Candidate	Candidate's Spouse (if applicable)
€	€	€	€	€
Source of Income (Specify)	Source of Income (Specify)	Source of Income (Specify)	Source of Income (Specify)	Source of Income (Specify)

SUMMARY OF RECKONABLE INCOME

for the period 1 January 2008 to 31 December 2008 (the tax year 2008)

	Father/Guardian	Mother/Guardian	Candidate	Candidate's Spouse (if applicable)
Employment and Directorships	€	€	€	€
Social Welfare/Health Service Executive	€	€	€	€
Pensions (inclusive of reckonable portion of lump sum)	€	€	€	€
Self Employment, Farming	€	€	€	€
Land & Property	€	€	€	€
Deposit Accounts/Investments	€	€	€	€
Maintenance Arrangements etc.	€	€	€	€
Disposal of Assets/Rights	€	€	€	€
Gifts & Inheritances	€	€	€	€
Other Sources	€	€	€	€
Less Candidate's Earnings from Holiday Employment	€ N/A	€ N/A	€	€ N/A
Total	(a) €	(b) €	(c) €	(d) €

Reckonable Income for Grant Purposes

Total (a) + (b) + (c) + (d)

€

Please Complete all Sections

SCHEDULE A

Interest on Borrowings for Capital Expenditure Purposes

Interest on borrowing for capital expenditure purposes is not deductible in computing Reckonable Income. Where the Accounts contain an Interest Expense please complete the following and transfer the amount for capital expenditure purposes to line (b) on pages 8 and 9 as appropriate. If there is no amount for capital expenditure purposes please enter N/A.

Page 8 - Income from Self-Employment, including farming

NAME OF LENDER	PURPOSE OF BORROWING	INTEREST EXPENSE
_____	_____	€ _____
_____	_____	€ _____
_____	_____	€ _____
Total per Accounts:		€ _____
Total for Capital Expenditure purposes		€ _____
(transfer this amount to line (b) on page 8)		

Page 9 - Rent and other Income from Land and Property

NAME OF LENDER	PURPOSE OF BORROWING	INTEREST EXPENSE
_____	_____	€ _____
_____	_____	€ _____
_____	_____	€ _____
Total per Accounts:		€ _____
Total for Capital Expenditure purposes		€ _____
(transfer this amount to line (b) on page 9)		

SCHEDULE B - Wages/ Remuneration Adjustment

The wage/remuneration payments described below are not deductible in computing Reckonable Income. Where the Accounts contain payments of this nature please complete the following and transfer the total remuneration adjustment to line (c) on pages 8 and 9 as appropriate:

- a) Remuneration paid to individuals – other than Qualifying Casual Workers or siblings of the candidate - where PAYE/PRSI regulations were not applied. Total amount included in accounts:
- b) Remuneration paid to dependent siblings (whether or not PAYE/ PRSI regulations were applied). Total amount included in accounts:
- c) Remuneration paid to non-dependent siblings where PAYE/ PRSI regulations were not applied. Total amount included in accounts:
- d) Remuneration paid to non-dependent siblings (in accordance with PAYE/PRSI regulations) in excess of market rates:

	€
Total amount included in Accounts	_____
Less market rates of pay	_____
Excess Pay	_____

Amount of Adjustment

€

Total remuneration adjustment (a)+(b)+(c)+(d):
(transfer this amount to line (c) on page 8 or page 9).

A separate **Schedule** must be prepared for each business. If you have insufficient space, use page 16 at the back of form.



SCHEDULE C

Calculation to establish gain or (loss) on disposal of Assets or Rights in the year ended 31 December 2008 (the tax year 2008)

Person disposing of Assets / Right. i.e. Father, Mother, Candidate, Candidate's Spouse	Date of Disposal	Description of Assets or Rights	Date of Acquisition	Original Cost	Enhancement Expenditure	Total Cost	Disposal Price	Incidental Costs of Disposal	Net Disposal Price	Actual Gain or (Loss)	Years Held	Gain (Loss) for Grant Purposes
				A	B	C (A+B)	D	E	F (D-E)	G (F-C)	H	I (G+H)
				€	€	€	€	€	€	€		€
				€	€	€	€	€	€	€		€
				€	€	€	€	€	€	€		€

SCHEDULE D

Calculation to establish the net value of Gifts and Inheritances in the year ended 31 December 2008 (the tax year 2008)

Recipient of Gift or Inheritance i.e. Father, Mother, Candidate, Candidate's Spouse	Disposer Name	Disposer Address	Date of Gift or Inheritance	C.A.T. File Number, if any	Brief Description of Gift or Inheritance	Market Value of Gift or Inheritance	Liabilities and Costs, if any	Consideration, if any	Value before C.A.T.	C.A.T. Paid, if any	Net Value
						A	B	C	D (A-B-C)	E	F (D-E)
						€	€	€	€	€	€
						€	€	€	€	€	€
						€	€	€	€	€	€

SCHEDULE E - Profit from Woodlands

Sales and other income from Woodlands for a year ending between 1 January 2008 and 31 December 2008 (inclusive of grants, premia, etc.)

Value of standing trees at the beginning of the year

Add Total expenditure on woodlands in the year

Less Value of standing trees at the end of the year

Cost of sales - (b) + (c) - (d)

Profit - (a) - (e)

(Include this total (f) in section 10 on page 11.)

(a) € _____

(b) € _____

(c) € _____

(d) € _____

(e) € _____

(f) € _____

DECLARATIONS AND AUTHORISATIONS

By submitting this Application Form, I/ We acknowledge and affirm that I/We have read and understood all of the terms, declarations and authorisations contained in the Application Form/ Notes Booklet and the terms of the relevant maintenance grant scheme*, which governs the award of grants.

I/We authorise the Local Authority/VEC processing this application, and the Department of Education and Science to make such enquiries as they see fit in connection with this application. I/We authorise the Local Authority/VEC and the Department of Education and Science to make enquiries and seek any documents they consider necessary to enable them to process this application.

I/We authorise the Local Authority/VEC and the Department of Education and Science to refer any information provided as part of this application to the Revenue Commissioners and/or the Department of Social and Family Affairs.

I/We authorise the Revenue Commissioners and the Department of Social and Family Affairs to supply any relevant information or documents from their records, including my/our tax returns, to the Local Authority or VEC and the Department of Education and Science and to make any enquiries and seek any documents they consider necessary to enable them to assist the Local Authority or VEC to process this application.

I/We authorise the Local Authority/VEC and the Department of Education and Science to transfer information from my/ our grant application to a central database which may be accessed by the Revenue Commissioners and the Department of Social and Family Affairs.

I/We authorise the Local Authority, or VEC as the case may be, to transfer the Application Form and supporting documentation to another Local Authority or VEC where appropriate or necessary.

I/We declare that the Reckonable Income for Grant Purposes is as detailed on this application form which has been completed in accordance with the ACCOMPANYING NOTES which I/We have read, and that no sources or amounts have been omitted.

I/We will inform the awarding authority if my/our circumstances change in any way that might affect my entitlement to a grant.

I/We accept that failure to provide accurate information through a deliberate material omission or inaccuracy, will result in LOSS OF GRANT AND REPAYMENT OF ANY PORTION OF A GRANT ALREADY RECEIVED AND POSSIBLE PROSECUTION.

I/We declare that to the best of my/our knowledge and belief, all the information given in this form is true, complete and accurate in every particular.

Please Complete all Sections

Signed and dated by: 

A. INDEPENDENT MATURE CANDIDATE

Signature of Candidate: Date: / /200

Signature of Candidate's Spouse/Partner: Date: / /200

Signed and dated by:

B. ALL OTHER CANDIDATES

Signature of Candidate: Date: / /200

Signature of Candidate's Father/Guardian: Date: / /200

Signature of Candidate's Mother/Guardian: Date: / /200

*Details of the scheme relevant to grant applications are available on request from the Local Authority/VEC, from the Department of Education and Science website www.education.ie or from www.studentfinance.ie.

THE FOLLOWING IS A LIST OF DOCUMENTS MOST FREQUENTLY REQUIRED FOR EACH CATEGORY OF APPLICANT

Original documentation should be submitted (copies not acceptable)

(Please tick the documentation you have attached)

✓	Document Description
	Original Long Form Birth Certificate
	Proof of Independent Residence from 1st October 2008 in case of mature candidates
	Evidence of Exam results or participation on a PLC, FETAC or third level course
	Evidence of divorce or separation
	Evidence of maintenance agreement
	Proof of Parents/ Guardians residence
	Evidence of nationality (certified copy of a passport)*
	Evidence of your current Immigration Status (where relevant)
	Marriage Certificate
	Foster Care arrangement
	Legal Guardianship
	Adoption

*This is a document, which has been stamped and signed as being a true copy of the original by a member of the Garda Síochána or a Commissioner of Oaths. The person certifying the copy must provide their name, address and telephone number.

In certain circumstances further documentation may be required.

Documentation in respect of income:

(Documentation is required in respect of the income of the person(s) on whom the means assessment must be carried out:

- Income details of parent(s)/guardian(s) and of the student for dependent students;
- Income details of parent(s)/guardian(s) and of student for dependent mature students;
- Income details of student, and that of spouse/partner, if an independent mature student)

✓	Document Description
	P21 – i.e. PAYE Balancing Statement (prepared by your local tax office or available online at www.revenue.ie)
	P60 for each employment
	P45 if employment ceased
	Accounts, Notice of Assessment, Adjusted Profit Computation (self employment)
	Social Welfare Statement/ Health Service Executive Statement
	Interest Certificates (interest on Deposit accounts, Investment, etc)
	Schedule A (Refer to Page 12 of the Application Form)
	Schedule B (Refer to Page 12 of the Application Form)

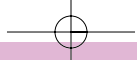
In certain circumstances further documentation, or clarification of documentation submitted, may be required.

Supplementary Documentation:

You may be asked by your Local Authority/VEC to have **Form SA1** completed and stamped in the college you will be attending. Please ensure that you get this form completed as soon as possible and return it to your awarding body.

FOR OFFICIAL USE ONLY

Lined area for official use only, containing horizontal ruling lines.



FOR OFFICIAL USE ONLY

A large white rectangular area containing numerous horizontal dotted lines, intended for official use or data entry.

