



**Application Form**  
**2020-2021**  
**Student Fee Assistance Scheme**

**PLEASE NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

**Personal Details**

| Title Mr/Mrs/Miss/Ms/Other<br>(specify) | Last Name    | First Name                                | Middle Name(s) |
|---|--------------|---|----------------|
|   |              |   |                |
| Date of birth (DD/MM/YY)                | Gender (M/F) | Nationality                               | Place of Birth |
|   |              |   |                |
| Permanent Address                       |              | Address for correspondence (if different) |                |
| .....                                   |              | .....                                     |                |
| .....                                   |              | .....                                     |                |
| .....                                   |              | .....                                     |                |
| .....                                   |              | .....                                     |                |
| <b>Telephone Number</b><br>.....        |              | <b>Telephone Number</b><br>.....          |                |
| <b>Mobile Number</b> .....              |              |   |                |
| <b>E-mail Address</b> .....             |              |   |                |

**1. Proposed Programme of Study (as appropriate)**

| Programme Title | Year Fee |
|-----------------|----------|
|                 |          |

**2. Current Programme of Study (as appropriate)**

| Programme Title | Year | Year Fee | Student Number |
|-----------------|------|----------|----------------|
|                 |      |          |                |



**3. Previous Programmes of Study (as appropriate)**

| Programme Title | Year | Year Fee | Student Number |
|-----------------|------|----------|----------------|
|                 |      |          |                |

*Please indicate which group you are applying under:*

|                   |     |
|-------------------|-----|
| Disability        | ___ |
| Low family income | ___ |
| DEIS School       | ___ |
| Ethnic Minority   | ___ |

*Please provide the following documentation to support the above;*

- Evidence of disability - Form A **completed by a consultant OR** GP detailing consultant's report **OR** Educational Psychologist report **OR** evidence of Disability allowance (as appropriate),
- Letter from DEIS School (as appropriate),
- Evidence of ethnic grouping (as appropriate)
- Required financial evidence documentation (as appropriate for your circumstances):

**If you or your partner are employed:**

P21 for 2019 (available online from revenue.ie)

**If you or your partner receive a Social Welfare Payment:**

Department of Social Protection Statement for 2019 (available online from services.mywelfare.ie)

**If you or your partner are self-employed:**

Self-Assessment Letter – Chapter 4 for 2019 (available from revenue.ie)

4. Are you in receipt of any other funding towards this programme? Yes / No  
 If yes Funding sourced from: \_\_\_\_\_ Amount: € \_\_\_\_\_
5. Please indicate the reasons why you believe that you should be awarded support towards fees through this scheme  
 (Maximum 1000 Words)



**6. Where did you hear about the Student Fee Assistance Programme?**

**Declaration**

Please type your name in the box below to indicate that the information you have provided is true to the best of your knowledge. You will be asked to sign the form if selected to attend for interview.

| Applicant's Signature | Date |
|-----------------------|------|
|                       |      |

***IMPORTANT NOTE: Please save the application form in PDF format with your full name included in the filename and in the subject line of the email.***

Please email this completed form, along with;

- Evidence of disability - Form A **completed by consultant or GP** detailing consultant's report **OR** Educational Psychologist report **OR** evidence of Disability allowance (as appropriate),
- Letter from DEIS School (as appropriate),
- Evidence of ethnic grouping (as appropriate)
- Required financial evidence documentation (as appropriate for your circumstances):

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**Applications form should be sent by email to;**  
[feeassistancescheme@stangelas.nuigalway.ie](mailto:feeassistancescheme@stangelas.nuigalway.ie)  
**by 5p/m, Friday 26<sup>th</sup> June 2020**