



Ireland's EU Structural Funds Programmes 2007 - 2013

Co-funded by the Irish Government and the European Union



2009/2010

**UCD STUDENT CHILDCARE ASSISTANCE FUND
APPLICATION FORM**

**Please complete this application form, write a letter outlining your particular circumstances, include all documentation and return to:
Anna Farrell, Chair UCD Student Childcare Assistance Fund,
C1.19 UCD Health Sciences Centre, UCD, Belfield, Dublin 4.**

Section A Personal Details

Programme:	Stage /Academic Year
Student Name:	Student Number:
Home Address:	Name of Programme:
	Programme must be not less than one year duration leading to an undergraduate or postgraduate qualification. Please tick: Part-time Full-Time
Term Address (if different)	Country of Birth:
Telephone:	Mobile Phone:
e-mail address:	Date of birth:

Section B: Financial Supports e.g. Grant, Awards, Scholarships, etc
To be completed by all applicants

Local Authority Higher Education Grant

Are you in receipt of a Local Authority Higher Education Grant? (please tick)	<i>Yes</i>		<i>No</i>	
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If yes, please indicate the amount(s)	<i>Fees (full or half)</i>		<i>Maintenance</i>	€
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Are you in receipt of the Local Authority 'Top-up' grant?	<i>Yes</i>		<i>No</i>	
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If yes, please state the amount of Top-up	€
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Total Amount of Grant received from these sources	€
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**Financial Support from UCD in 2009/2010 and
All other Grants, Awards, Bursaries, Scholarships, Financial Supports,
etc. (both public & private)**

Have you received or are you in receipt of any financial support(s), grants, scholarships or bursaries from UCD in 2009/2010 or any agent(s) outside of UCD in 2009/2010 (please tick)			
<i>Yes</i>		<i>No</i>	

If yes, please provide details below:			

Section B: Financial Information

1. Details of Dependent Children

Please give details of children (including foster children) under the age of sixteen on January 1st 2009, or over sixteen years attending a full-time course of study at an educational institution or medically certified as permanently unfit for work.

Surname	First Name	Date of Birth	School/College/Crèche Attended
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Section B: Budget Plan for the Academic Year

From September 2009 to May 2010

Please submit most recent P21 (Revenue commissioners) or
Social Welfare Statement as ESSENTIAL supporting documentation

Income	Amount €	Expenditure	Amount €
Higher Education Grant		Rent / Contribution to home	
Scholarship/Bursary, etc.		Light/heat/power	
Contribution from Other Parent		Books and other academic materials	
Social Welfare		Travel	
Health Board payment		Food	
Bank Loans		Childcare	
Borrowings		Medical Expenses, e.g. doctor, dental & optical	
Part-time Work		Others, give details	
Savings			
Other, please provide details			
Total Income (September 2009 – May 2010)	€	Total Expenditure (September 2009 to May 2010)	€

**IN ACCORDANCE WITH EU (ESF) REQUIREMENTS SUCCESSFUL
APPLICANTS WILL BE REQUIRED TO PROVIDE OFFICIAL RECEIPTS IN
RESPECT OF ANY FUNDING AWARDED TO THEM.**

Declaration

I understand that existing UCD records may be accessed in order to assist the processing of this application.

I certify that the information supplied is correct and complete.

Signature of applicant: _____

Date: _____

**Section F: Grant Recipient Details Required for Statistical Purposes
To be completed by all applicants**

Name of Student:

Student No:

Gender: Male Female

Please tick as appropriate:

Pre-Training Status (i.e. prior to UCD entry)	Please Tick One
Full time Education	
Employed (prior to commencing training/studies)	
Long-term unemployment (more than 12 months)	
Unemployed (less than 12 months)	
Not available for employment (more than 12 months)	
Not available for employment (less than 12 months)	

Pre-Training Educational Qualification	Please Tick One
No qualification	
Group Certificate	
Intermediate/Junior Certificate	
Leaving Certificate	
Third level Qualification Please give details	