Application Form for Sizarships 2014

Eligibility:
1. Applicants for Sizarships must be Entrance Exhibitioners to Trinity College Dublin. Entrance Exhibitioners are first year EU students to a full-time undergraduate degree course, who:
   - achieved an equivalent of 560 points (excluding bonus points for Mathematics) in their final second-level examinations.
   - achieved that level in a single sitting of their examinations (for A-levels, all examinations must have been taken in one academic year).

2. Applicants must be of limited means.
   - Limited means: Applicants whose gross family income exceeds €40,000 are not eligible.

3. A maximum of 10 Sizarships will be awarded, on the basis of gross family income.

Applying:
1. Applications will be accepted up to 15 October 2014, and must be accompanied by complete financial documentation - in the form of a P60 or Balancing Statement from the Revenue service for the financial year 2013. Statements from accountants are not acceptable.

2. Applications will be processed in late October. However, applicants who are clearly ineligible for this exhibition may be notified at an earlier date.

3. All correspondence from the university in relation to this exhibition will be via e-mail.

Sizarships:
1. Sizarships are tenable, provided there is no significant change in a holder’s means, until the end of the year in which the foundation scholarship examination in the holder’s subject is designed to take place (normally second or third year).

2. Sizars who have to repeat a year or otherwise fail to make satisfactory progress forfeit their award and the same penalty may be inflicted for any grave violation of College discipline.
Part A (to be completed by the applicant)

Name: .................................................................

Home Address: .................................................................

Email Address: .................................................................
(for all correspondence)

Country of Birth: .................................................................

Date of Birth: .................................

Nationality: .................................................................

Part B (to be completed by the applicant’s parent or guardian)

The College assumes that in most cases parents/guardians accept prime responsibility for university education. **Evidence of gross annual incomes in the form of a P60 or Balancing Statement must be attached** (please note copies only should be attached as these documents will not be returned).

Family income for 2013:

Father € .................................................................

Mother € .................................................................

Other Income € .................................................................

Family Circumstances

Other children in full time education  Number [ ] Ages .................................................................

Other fully dependent children  Number [ ] Ages .................................................................

Occupation of parent/s or guardian/s

Father: .................................................................  Full time [ ] Part time [ ]

Mother: .................................................................  Full time [ ] Part time [ ]
I certify that the information given in this application is complete and accurate to the best of my knowledge and I understand that any misrepresentation may render my application void.

Name: ___________________________               Signature: ___________________________
Address: ______________________________________
                      ______________________________________
                      ______________________________________
                      ______________________________________
                      ______________________________________
                      ______________________________________
Tel No: ___________________________               Parent  [ ]          Guardian  [ ]

Email address: ___________________________

Part C (to be completed by a third party: family solicitor, bank manager, professional social worker, school head or other)

I certify that the information given in this application is complete and accurate to the best of my knowledge.

Name: ___________________________               Signature: ___________________________
Address: ______________________________________
                      ______________________________________
                      ______________________________________
                      ______________________________________
                      ______________________________________
Tel No:  ___________________________               Date ___________________________

Position: ______________________________________

Relationship to Family ___________________________

Please return this completed form together with copies of financial documentation to: