



May 2024

RE: Department of Education Book Grant Criteria

Dear Parent/Guardian,

The Department of Education offers a book grant scheme to all secondary schools, to defray the cost of school books, in accordance with strict criteria. The following criteria must be satisfied to be considered eligible for the grant:

- (i) **Each parent/guardian must be in receipt of a current social welfare allowance.**
- (ii) **A valid current medical card must be produced in the main school office. (Parents Medical Card)**
- (iii) **Details of both parents must be completed on the form.**

We are forwarding you a book grant application form, which you may complete and return to Tullow Community School main office by Friday, 19th July 2024 if you wish to be considered eligible for the book grant for the forthcoming academic year.

Forms that do not satisfy the above criteria will not be considered.

Thank you,

Yours faithfully,

Paul Thornton
Principal

TULLOW COMMUNITY SCHOOL

BOOK GRANT APPLICATION FORM – Year 2024/2025

All Sections must be completed.

(Please use 1 form per student)

Name of Student: _____ Year Group Sept. 2024/25 _____
(5th or 6th year)

Home Address: _____

Name of Parent/Guardian: _____

Address: _____

No of children: Pre-school []: Schoolgoing [];

Mother/Guardian Details: Name: _____

Social Welfare: Are you in receipt of the following? Yes [] No []

Unemployment Assistance []; Lone Parent Allowance [];

SES Scheme []; Invalidity Pension/Allowance []; Old Age Pension [];

Widow(er)s Pension []; Other [] Please explain

Employment details: (only complete if you are employed in any capacity)

Name of employer: _____ Employment: _____

Full-time []; Part-time []; Other [] please explain

Father/Guardian Details: Name: _____

Social Welfare: Are you in receipt of the following? Yes [] No []

Unemployment Assistance []; Lone Parent Allowance [];

SES []; Invalidity Pension/Allowance []; Old Age Pension [];

Widow(er)s Pension []; Other [] Please explain

Employment details: (only complete if you are employed in any capacity)

Name of employer: _____ Employment: _____

Full-time []; Part-time []; Other [] please explain

If there are other circumstances, which may have a bearing on your application, please give details:

Do you hold a Medical Card? _____ Medical Card No. _____

(Parents current medical card must be produced at the school office).

Amount of grant received last year, if any: _____

Signature: _____
Parent/Guardian

Date: _____

Form must be returned to the Main Office by Friday, 19th July 2024.

FORMS WILL NOT BE ACCEPTED AFTER THAT DATE

