

**APPLICATION FORM FOR CONNECT TRADE UNION  
SCHOLARSHIP TO GAELTACHT COLLEGE – SUMMER 2019**

Name

Branch

Date of Application

Membership Number

Address

Email Address

Phone Number

Number of children on whose behalf application is being made

Name(s) and Date of Birth of Child(ren) for whom application is being made.

Name of College and Dates of Attendance:

Course fee:

Have you received a Gaeltacht Scholarship in the past: Yes  No

If yes, please give details of year(s) in which application was received and name(s) of child(ren) involved.

ANY ADDITIONAL INFORMATION

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Signature of Branch Chairman

Branch Stamp

**Applications must reach Head Office by Friday 3<sup>rd</sup> May 2019**