APPLICATION FORM FOR CONNECT TRADE UNION SCHOLARSHIP TO GAELTACHT COLLEGE – SUMMER 2022

Name	Branch
Date of Application	Membership Number
Address	Email Address
	Phone Number
Number of children on whose behalf app	olication is being made
Name(s) and Date of Birth of Child(ren)	for whom application is being made.
Name of College and Dates of Attendan	ce: Course fee:
Have you received a Gaeltacht Scholars	
If yes, please give details of year(s) in w nvolved.	hich application was received and name(s) of child(rer
ANY ADDITIONAL INFORMATION	
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Signature of Member	
Signature of Branch Chairman	Branch Stamp

Applications must reach Head Office by Friday 6th May 2022