APPLICATION FORM FOR CONNECT TRADE UNION SCHOLARSHIP TO GAELTACHT COLLEGE – SUMMER 2025

Name	Branch
Date of Application	Membership Number
Address	Email Address
	Phone Number
Number of children on whose behalf app	lication is being made
Name(s) and Date of Birth of Child(ren) f	or whom application is being made.
Name of College and Dates of Attendance	ce: Course fee:
Have you received a Gaeltacht Scholars	hip in the past: Yes No
If yes, please give details of year(s) in w involved.	hich application was received and name(s) of child(ren)
ANY ADDITIONAL INFORMATION	
Signature of Member	
Signature of Branch Chairman	Branch Stamp

Applications must reach Head Office by Friday 9th May 2025