



## GAA Higher Education Bursary Application Form 2019/20

Please affix passport-sized photo here with your name printed clearly on the back.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Club: \_\_\_\_\_ Home County: \_\_\_\_\_

Name of Higher Education College you attend: \_\_\_\_\_

Course Name: \_\_\_\_\_ Course Duration: \_\_\_\_\_

Year of Course: \_\_\_\_\_ Course Level: \_\_\_\_\_

Student I.D. Number: \_\_\_\_\_ Full Time Student: Yes  No

Are you an active member of your College GAA Club: Yes  No

**Code:**  
Gaelic Football:  Hurling:  Dual:  Handball:

Camogie:  Ladies Gaelic Football:  Dual:

Are you currently in receipt of a Sports Scholarship/Bursary from any other body?

Yes:  No:

I wish to confirm that all information provided in this document is true and accurate.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Details of Playing Career to date:

<p>Club:</p> <hr/> <hr/> <hr/> <hr/>
<p>County:</p> <hr/> <hr/> <hr/> <hr/>
<p>College:</p> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Other:</p> <hr/> <hr/> <hr/> <hr/>



Are you an actively involved as an Administrator/Coach with your College GAA Club:  
Yes:  No:

Details of involvement as Admin/Coaching to date:

<p>Club:</p> <hr/> <hr/> <hr/> <hr/>
<p>County:</p> <hr/> <hr/> <hr/> <hr/>
<p>College:</p> <hr/> <hr/> <hr/> <hr/>
<p>Other:</p> <hr/> <hr/> <hr/> <hr/>

Do you currently hold a GAA Coaching Qualification? Yes:  No:

Foundation:            Hurling:                                   Football:

Award 1/Level 1:    Hurling:                                   Football:



## GAA HIGHER EDUCATION BURSARY APPLICATION FORM 2019/20

To be completed by College Registrar only:

I wish to confirm that, \_\_\_\_\_, is a registered full time student, in  
(name of applicant)

\_\_\_\_\_.  
(name of college).

*I wish to confirm that the above named is a student in good standing of this Educational Institution and is enrolled in a fulltime higher education course (60 credits); I also confirm that the above named is not in receipt of a Bursary, Grant or any other form of financial support from this institution*

Signature: \_\_\_\_\_, (College Registrar).

Date: \_\_\_\_\_

College stamp

To be completed by College GAA Club:

(to be completed by either, Club Chairman/Secretary or Games Development Officer).

I wish to confirm to confirm that \_\_\_\_\_, is not in receipt of a Sports  
(name of applicant)

Scholarship/Bursary award from this college.

I wish to confirm that \_\_\_\_\_, is an active member of our College  
(name of applicant)

GAA Club.

Signature: \_\_\_\_\_,

Date: \_\_\_\_\_

Senior Inter County Players who were members of the GPA in 2019 should apply for bursaries at [www.gaelicplayers.com](http://www.gaelicplayers.com) only

**All applications to be sent to;**

Postal address: Connacht GAA Centre, Cloonacurry, Bekan, Claremorris, Co. Mayo

Email: reception.connacht@gaa.ie

**CLOSING DATE FOR APPLICATIONS 11/10/2019**

(no applications will be accepted beyond this date).