

# Holy Family Community School

Pobalscoil an Teaghlaigh Naofa

Kilteel Road, Rathcoole, Co. Dublin.

Principal: Brenda Kelly

Tel: 01 4580766 / 01 4580031 Fax: 01 4580153

Deputy Principals: Ingrid Fallon, Christy Morrin, Denise O' Keeffe

Email: info@hfcs.ie / www.hfcs.ie

22/05/2020

243L/BK/EQ

### Application for grant towards cost of Books for Academic Year 2020/2021

The school will operate the Book Grant Scheme in accordance with circular letter 24/2011 of Department of Education and Skills. As money given to the school by the Department of Education and Skills is limited, PRIORITY will be given to eligible families that fall into any of the following 3 categories:

- (a) Families which are dependent mainly on social welfare payments;
- (b) Families on low incomes from employment. Such families are likely to be in receipt of Family Income Supplement, which is a weekly payment by the Department of Social Protection to help families at work on low pay, and/or be beneficiaries under the Backto-School Clothing and Footwear Scheme;
- (c) Families which are experiencing financial hardship because of particular circumstances in the home such as serious illness.

If you feel you are eligible for a grant based on the above criteria please fill in the form on the back of this sheet and return it to the school in an envelope marked 'Book Grant' by Friday, 17<sup>TH</sup> July 2020. A separate form must be filled in for each student.

Please Note: Applications will only be considered if they have supporting documentation attached (e.g. Social Protection / Post Office receipt, copy of bank statement, copy of medical card.

A voucher towards the cost of iPad /eBooks / Physical Books and further instructions will be issued to successful applicants.

Application Forms will not be accepted after 17th July 2020.

#### Note:

- Holders of a General Medical Service card are not automatically entitled to a grant.
- Book Grant Application Forms will be sent out to students going into 2<sup>nd</sup> year, 3<sup>rd</sup> year, Transition Year, 5<sup>th</sup> Year & 6<sup>th</sup> year in July.



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|   | OCK LETTER                    | 10              |  |  |                |  |  |
|---|-------------------------------|-----------------|--|--|----------------|--|--|
| ame of Parent(s) ddress Line 1                        |                               |                 |  |  |                |  |  |
| ddress Line 1   |                               |                 |  |  |                |  |  |
| ddress Line 2   |                               |                 |  |  |                |  |  |
| ddress Line 3   |                               |                 |  |  |                |  |  |
| duless Lille 4  |                               |                 |  |  |                |  |  |
| Name of Student:                                      |                               |                 |  |  |                |  |  |
| Date of Birth:  |                               |                 | Telephone No:                                    |  |                |  |  |
| Year group in Septer                                  | nber 2020/202                 | 1: (Please tick | <)   |  |                |  |  |
| 1 <sup>st</sup> 2 <sup>nd</sup>                       | 3 <sup>rd</sup>               | TY              | LCA 1  | 5th 6  | th             | $\neg$   |  |
|   |                               |                 |  | 3011   | ,              |  |  |
| Name of Father: Sur                                   | name:                         |                 | First Name                                       | •  |                |  |  |
| Name of Mother: Sur                                   | name:                         |                 | First Name                                       | :  |                |  |  |
| Please tick <b>all</b> the relewith the family and/or | evant boxes to supporting the | show all inco   | mes/earnings fo                                  | or parents and/or oth  | er adults livi | ing  |  |
| Names of all adults                                   | Employed<br>Fulltime          |                 | Unemployed<br>/Receiving<br>Assistance<br>(Proof | Receiving Family<br>Income Supplement<br>(copy of receipt<br>required) | Holder (p      | Medical Card<br>Holder (photo<br>copy of card<br>required) |  |
| 1   |                               |                 | Required)  |  |                |  |  |
| 2   |                               |                 |  |  |                |  |  |
| 3   |                               | -               |  |  |                |  |  |
| 4   |                               | -               |  |  |                |  |  |
|   |                               |                 | L  |  |                |  |  |
| Total number of childr                                | en in family                  |                 | N. I I   | of 1311  |                |  |  |
| Number of children at work (receiving income)         |                               | Number          | Number of children at school / College           |  |                |  |  |
| rander of officient at                                | WOLK (LECEIALL                | g income)       |  |  |                |  |  |
| Any other information application.                    | n you wish to                 | give in conf    | idence, which                                    | will help us in asse   | ssing your     |  |  |
| gnature of Parent/Guard                               | lian:                         |                 |  | Pate:  |                |  |  |
|   |                               |                 |  |  |                | -  |  |

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