

CDYSB Office Use Only:

Group I.D.: _____
Supplier No: _____
Grant Amount €: _____
System update by: _____
D.O. Signature: _____
Date Recommended: _____
Grant Number: _____
CDYSB Code: **06 CC 239 8436**

CDYSB
Date Stamp



Education Bursary Application Form (Version:2001)

Closing date for Applications: 3rd May 2020

All Section of this form must be completed in **BLOCK CAPITALS**

PERSONAL DETAILS

Name: _____ Date of Birth: _____
Address: _____ Tel: _____
_____ Email: _____
_____ Eircode

**PLEASE NOTE FOR THE ACADEMIC YEAR 2019 / 2020
PAYMENT WILL ONLY BE MADE IN 2020 FOLLOWING SUCCESSFUL COMPLETION
OF THE YEAR'S COURSE**

COURSE DETAILS

Name of College / University: _____
Title of Course: _____
Academic Level of Course: _____ Duration of Course: _____
Current Year of Study: _____ Course Registration Fees: _____

DECLARATION

I declare that the particulars provided on this form are correct. Yes No
I authorise CDYSB to request a transcript from the above educational body confirming successful completion of the academic year. Yes No
Signature: _____ Date: _____

70 Morehampton Road, Donnybrook, Dublin D04 X797
Tel: 432 1100 | Fax: 432 1199 | Email: info@cdysb.cdetb.ie | Web: www.cdysb.ie

CDYSB is a Committee of the City of Dublin Education and Training Board

FINANCE

Please describe how this bursary will assist you in financing your studies:

YOUTH WORK EXPERIENCE

Please describe your current relevant voluntary or paid work experience in a Youth Project / Service, Club or Group

Important: (Please note that in order to qualify for this Bursary your current relevant voluntary or paid work experience must be within the Dublin City Council boundary area:

Name of youth organisation: _____

Address of youth organisation: _____

Details of experience: _____

DECLARATION FROM YOUTH ORGANISATION

I the undersigned give assurance that the applicant has been working / volunteering with this organisation for time period set out below:

Date from: _____

Date to: _____

Authorised Signature: _____

Date: _____

(Name in Block Capitals: _____)

Position _____

Project / Youth Service
Club / Group
Date Stamp

Please Note:

Authorised Signature must be of one of the following: CEO, Chairperson, Treasurer, Regional Manager, Youth Service Manager

Bursary Grant Application Form

Version: 2002

Explanatory Notes

- CDYSB will prioritise bursary support to students who are undertaking the following courses:
 - **B.A. Degree in Youth and Community Studies / B.A. Degree in Community Youth Work (Bursary payment up to a maximum of €800 per annum). This Bursary Grant does not support Master's Degree Level**
 - **QQI Level 5 Social Studies (Youth and Community Studies) Full Award (Bursary payment up to a maximum of €400 per annum)**

- Course placement does not qualify as voluntary / paid youth work experience
- Applicants must currently be working in a voluntary or paid capacity in a Youth Project / Service / Club or Group within the Dublin City boundary area
- Completed application must be sent by post to CDYSB, 70 Morehampton Road, Donnybrook, Dublin, D04 X797
- Bursaries are approved on an annual basis; therefore students must make a new application for each academic year of study
- The bank mandate included with this form must be completed and returned to CDYSB along with the application in order that payment can be made to the designated bank account
- When approved by the Board of CDYSB, the applicant will be informed by letter
- CDYSB will require a transcript from the college issued to the student indicating successful completion of the academic year in order for the bursary payment to be processed. This can be furnished by the applicant or CDYSB will request it directly where permission is indicated on the application form
- Please note that the use of correction fluid to delete errors is not permitted on this form. Any use of correction fluids will invalidate the form and it will have to be completed again

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BURSARY EFT SETUP

v1904



CDYSB Internal Use Only	
GMIS No.: <input type="text"/>	CDYSB Date Stamp
Supplier No.: C 7 <input type="text"/>	
Remittance Email: finance@cdysb.cdetb.ie	

Please complete this form in **clear block capitals**

Student Details

Student Name:

Address:

Eircode:

Phone No.:

Bank Details

Name of Bank:

Address of Bank:

Eircode:

BIC:

IBAN:

Bank Account Name:

As on Bank Statement

Signed: _____

Date: _____