



ROSEMONT

Student Bursary Programme Application for 2024-25

(This application form is NOT the form for incoming 1st years 2024)

This form is for:

- **girls accepted to start school upstream, on a limited basis and by way of exception**
- **girls currently in Rosemont, on a limited basis and by way of exception, where the family's financial circumstances have changed markedly, to the extent that their ability to pay full fees is compromised**

This form shall be read in conjunction with the Student Bursary Programme Policy. Parents / Guardians of applicants shall complete **Part 1** and **Part 2** of this Application Form in full.

The Trustees request parents of students applying for a bursary to supply detailed information on their family finances. **Part 2** of the Application Form contains confidential financial information which will be assessed by an independent Student Bursary Committee established by the Trustees.

GDPR: All information provided will be kept strictly confidential and will be assessed only by the Student Bursary Committee. No member of school staff is party to the financial details submitted as part of the bursary application procedure. Data will be controlled at all times to ensure confidentiality.

Part 1 contains the following documents

1. a copy of school reports for the last two years
2. a recent passport size photograph of the student
3. Part 1 Personal Information

Part 2 contains the following documents and should be put into a sealed envelope marked Part 2

4. a copy of the Employment Detail Summary for both parents / guardians from the last 2 years. If self-employed applicants are required to enclose copies of Form 11's for the last 2 years.
5. Part 2 Financial Information in separate sealed envelope

This completed Application Form, together with enclosures **Part 1** and **Part 2** (in a sealed envelope) should be sent to:

Student Bursary Programme

Rosemont School

Enniskerry Road

Sandyford

Dublin 18.

Applications must be submitted to the school in writing. The Student Bursary Committee will endeavor to make fair decisions based on the criteria outlined in this document. The Committee's decision is final and the Committee cannot enter into correspondence or discussion with regard to its decisions. The award of each bursary is subject to the approval of the Trustees. The timeline involved may vary, but the Student Bursary Committee will endeavor to deal with the application within a 4-6 week period.

PART 1 PERSONAL INFORMATION

Details of applicant, i.e. student applying for bursary:

| | | |
|---|-----------------------------|---------------------|
| First Name of Student: | Surname of Student : | |
| Home Address: | | |
| Date of birth: | Country of birth: | Nationality: |
| Name of present School: | | |
| Previous Primary School attended: | | |
| | | |
| Does Rosemont have permission to contact current School Principal for a reference where relevant? | | Yes / No |
| Contact details for Principal of current School where relevant | | |
| Is a passport size photograph of student included? | | Yes / No |
| Are copies of school reports for the last 2 years included? | | Yes / No |

Details of Parents /Guardians:

| | |
|--|--|
| Mother's / Guardian's Full Name: | |
| Mother's / Guardian's Maiden Name: | |
| Mother's / Guardian's mobile number / home phone | |
| Mother's / Guardian's email address: | |
| Mother's / Guardian's home address: | |

| | |
|--|--|
| Father's / Guardian's Full Name: | |
| Father's / Guardian's mobile number / home phone | |
| Father's / Guardian's email address: | |
| Father's / Guardian's home address: | |

Candidates selected for interview will be contacted. Applicants will be notified of the decision to award a bursary within 4-6 weeks where possible.

Please proceed to Part Two.

PART 2 FINANCIAL INFORMATION – Confidential

| | Father / Guardian | Mother /Guardian |
|--|--------------------------|-------------------------|
| Name(s) | | |
| Date of Birth | | |
| Number & Age of Dependents | | |
| Occupation | | |
| Permanent (Y/N) if N please clarify | | |
| Employer | | |
| Length of Service | | |
| Annual Gross Basic Income | | |
| Self Employed details Include nature of business, time in operation, turnover & net profit for last 2 yrs | | |

Please provide details of properties that you own:

| Property Address | Approx Value (€) | Mortgage Balance (€) | Repayments (€ monthly) | Rent monthly (€) | For Sale (Y/N) | Year mortgage d'down | Arrears? If so, how much? |
|-------------------------|-------------------------|-----------------------------|-------------------------------|-------------------------|-----------------------|-----------------------------|----------------------------------|
| | | | | | | | |
| | | | | | | | |

For properties that are currently on the market, please provide the following information:

Current asking price & Length of time on the market: _____

Other Assets (include shares/investments/deposits):

| Details | Balance (€) |
|---------|-------------|
| | |
| | |
| | |

Financial Commitments (e.g. all loans including credit cards, overdrafts, store cards):

| Borrower's Name | Purpose of lending | Balance (€) | Repayments (€ monthly) | Date account opened e.g. (MM/'YY) | To be Restructured (Y/N) * | Arrears? If so, how much? |
|-----------------|--------------------|-------------|------------------------|-----------------------------------|----------------------------|---------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |

Please complete the following in as much detail as possible:

| Income (Monthly) | € | Outgoings (Monthly) | € |
|-----------------------------|---|----------------------|---|
| Salary/Wages | | Mortgage/Rent | |
| Unemployment Benefit | | Credit Union Loans | |
| Family Income Supplement | | Bank/Finance Loans | |
| Children's Allowance | | Maintenance Payments | |
| Retirement Pension | | Credit Card Payments | |
| Invalidity/Sickness Benefit | | Any Other Credit | |

| | | | |
|----------------------------------|--|--------------------------------------|--|
| Carer's Allowance | | Store Cards | |
| Health Board | | Electricity | |
| Mortgage Interest Subsidy | | GAS | |
| Maintenance | | Petrol | |
| Rental Income | | Cable TV | |
| Dependent's Contribution | | School and/or Creche fees | |
| | | Groceries/Housekeeping | |
| | | Insurance (Home, Car, Health etc) | |
| Other Income (Please specify) | | Other outgoings (Please specify) | |
| TOTAL € | | TOTAL € | |

I declare that the information and financial data given and documentation furnished by me is true and correct, to the best of my knowledge, information and belief.

Parent / Guardian 1

Parent /Guardian 2

Date _____

Please note:

Please include any particular circumstances or any other relevant information with regard to your daughter or family which would be helpful to the Student Bursary Committee in carrying out their assessment.

All required documents must be submitted for an application to be considered.