



**Financial Aid Fund
Childcare Application
2021/2022**

Date: _____

DEADLINE - THURSDAY WEEK 5

**PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS
INCOMPLETE OR INACCURATELY COMPLETED APPLICATIONS WILL NOT BE PROCESSED**

Applicant

Name _____

Student ID _____

Date of Birth _____

Undergraduate Postgraduate

Status

Married/Partner Single

Separated/divorced Other: _____

Are you in receipt of maintenance for your child?

Yes No

If yes, what amount per week?

€ _____

Do you get reduced childcare fee (subvention/ECCE)?

Yes No

If yes, what amount per week?

€ _____

Address

Term _____

Home (if different)

Phone

Home _____

Mobile _____

Email

College _____

Other _____

(required)

Course Details

Programme of Study _____

Year 1 2 3 4

Expected Year of Graduation _____

Where Applicable

Name of partner/spouse _____

Occupation _____

For each child

Name	Date of Birth

PLEASE TURN OVER TO COMPLETE FORM

FURTHER DETAILS

Childcare

Crèche Childminder

Bank _____

Contact Details
Name _____

IBAN _____

Address _____

BIC _____

Name on A/C _____

Phone _____

Please note: Only bank details of Crèche/REGISTERED Childminder required above

Checklist

	Each Child	Applicant	Spouse/Partner
Original Birth Certificate seen and signed	<input type="checkbox"/>	-	-
P21 (if applicable)	-	<input type="checkbox"/>	<input type="checkbox"/>
Confirmation of Grant (if applicable)	-	<input type="checkbox"/>	-
Confirmation of Scholarship (if applicable)	-	<input type="checkbox"/>	-
Statement of Benefit from Dept of Social and Family Affairs (spouse/partner where applicable)	-	<input type="checkbox"/>	<input type="checkbox"/>
Bank statement dated in the last 3 months showing at least 15 transactions		<input type="checkbox"/>	<input type="checkbox"/>
Statement of childcare costs (on headed paper signed by provider)		<input type="checkbox"/>	-

All applicants are considered in the strictest confidence.
Applications will not be considered without all the required documentation.

The information provided is a true and fair reflection of my status at the time of application.
I have **read** and **agree** to the Terms and Conditions of the Financial Aid Committee.

Name _____ Date _____

Signature _____

FOR OFFICE USE ONLY

Date received _____

Approved yes no

Amount _____

OFFICE USE ONLY

Registered

Bank Statement

Entered

Chaplain _____

Amount €	Folio/
	chq

UL Student Life/ PSU President / SISC
