

Application for Education Grant

Immediate Family Members of Deceased Former Resident

Child Spouse Grandchild Stepchild

1. Details of the Deceased Former Resident

Name of the Deceased: _____

Date of Birth: _____ / _____ / _____

Evidence of Identity of the Deceased

Please include the **original** of the deceased former resident's death certificate

PLUS a copy of one of the following

Birth Certificate

Marriage Certificate

Social Welfare Card – Ireland only

National Health Service Card – UK only

**All original documents will be returned by registered post*

2. Proof of Residency

Please provide an original covering letter from the Government/Institution/Organisation with a copy of the Deceased's admission and discharge papers from the Institution{s} attended, as listed in the Schedule of the Residential Institutions Redress Act, 2002 (Additional Institutions) Order 2004

or

A letter of confirmation from the Solicitor of the Former Resident stating eligibility to apply to the Residential Institutions Redress Board **and/or** residency in an Institution, as listed in the Schedule of the Residential Institutions Redress Act, 2002 (Additional Institutions) Order 2004

3. Your Relationship with the Deceased

Please provide **original** documentary evidence of your relationship with the Deceased

Full birth certificate if applicant is child of Deceased

or

Marriage certificate

or

Documentary evidence that you are the spouse of Deceased

or

Full birth certificates of child of former resident **and** grandchild if applicant is grandson/daughter of Deceased

or

Other relevant documentation showing proof of relationship for stepson/daughter

Details of Applicant:

Name of Applicant: _____

Address: _____

Telephone Number _____

Date of Birth: _____ / _____ / _____

Email Address: _____

Please supply a copy of one of the following as proof of identification {ID}

- Passport
- Driving Licence
- Social Welfare Card – Ireland only
- National Health Service Card – UK only

4. Course Details

Course Applied For: _____

Name of School or College: _____

Address of School or College: _____

Telephone Number: _____ Fax Number: _____

Cost of Course: _____

Length of Course: Years _____ Months _____

Part-time or Full-time

Current year: Year 1 Year 2 Year 3 Year 4

Other If other please give details: _____

Start date of current year: _____ Year course finishes: _____

Have you applied for or received any other funding, such as a grant, in relation to this course?

Yes No

If Yes, please specify:

In the event that you receive any grant or other financial assistance from another source towards the cost of your fees, resulting in a duplication of payment then that amount shall be repayable to the Education Finance Board. Please get in touch with the office if you have any further queries in this regard.

CHECKLIST:

In order to process your application as quickly as possible, please ensure you have included all of the following relevant documentation:

1. An original letter of acceptance from the college or Adult Education Centre
2. An original description of the course from the college prospectus or website
3. An original invoice or receipt for the course
4. Original proof of residency in an Institution
5. Proof of identity (copy) of deceased former resident
6. Original death certificate of former resident
7. Original relevant Birth/Marriage Certificates
8. Proof of identity of applicant (copy)
9. Other original relevant documentation showing proof of relationship

Declaration:

I declare that the information which I have given on this form is true to the best of my knowledge, and understand that I am legally responsible for it.

Signature: _____

Date: _____

All information contained herein is strictly private and confidential and is protected under the Data Protection Act of 1998.

Please return form to: Education Finance Board
Floor 3
Frederick Court
24-27 North Frederick Street
Dublin 1