

RE: ASSISTANCE UNDER THE D.E. GRANT SCHEME FOR SCHOOL BOOKS

Dear Parent(s)/Guardian(s),

Each year the Department of Education allocates a grant to this school to enable us to give assistance *towards the purchase of school textbooks for students in need.*

It is important to **complete** and **return** the **application slip** below to the office if you feel you are eligible under the School Book Grant Scheme for Needy Pupils as outlined by the Department of Education guidelines below. **Decisions will be communicated in early August**

2 Eligibility of Pupils

2.1 The scheme applies to needy pupils in schools in the free education scheme.

2.2 A needy pupil is defined as a pupil from a family where there is genuine hardship.

Such families may be grouped into the following three categories:

- Families who are **mainly dependent on social welfare** payments;
- Families on **low incomes from employment.**

(Such families are likely to be in receipt of the Family Income Supplement, which is a weekly cash payment by the Department of Social and Family Affairs to help families at work on low pay, or to be beneficiaries under the Back-to-School Clothing and Footwear Scheme);

- Families who are experiencing **financial hardship because of particular circumstances** in the home. (It is expected that only a small proportion will fall within this category.)

Please note that for **audit purposes** I am required to see evidence of qualification for this grant. Also note that a Medical Card does NOT grant an exemption and that all qualifying families are still required to make a contribution toward the cost of book rentals.

Yours sincerely,



Shane McClearn (Principal)

Complete and return this form to the school by 31st July 2021

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I wish to apply for assistance under the Department of Education Grant Scheme for School Books for Needy Pupils 2021/2022 as outlined above.

NB. Please include evidence corresponding to the relevant box ticked below

Please tick which of the following circumstances apply:

- | | | | |
|--------------------------------|--------------------------|---------------------------|---|
| a. Prolonged illness of parent | <input type="checkbox"/> | d. Large dependant family | <input type="checkbox"/> |
| b. Unemployment | <input type="checkbox"/> | e. Other circumstances | <input type="checkbox"/> Please specify |
| c. Single parent | <input type="checkbox"/> | _____ | |

Signed: _____ (Parent/Guardian) Date: _____

Child(ren)'s Name(s): _____

Note: Applications without relevant evidence will NOT be considered