

GAELCHOLÁISTE PHORT LÁIRGE



SCÉIM DHEONTAS LEABHAR

De réir Imlitir Uimhir 28/69 na Roinne Oideachais, is féidir deontais i leith leabhair a íoc le páistí tuismitheoirí atá sa ghrúpa ioncam íseal. De ghnáth, d'fhéadfadh páistí atá i gclanna ina dtarlaíonn aon cheann de na cuinsí seo a leanas a bheith i dteideal deontais:

- (A) Cárta seirbhíse leighis ginearálta a bheith i seilbh an tuismitheora
- (B) Easpa maoinne de bharr easpa tacaíochta tuismitheora
- (C) Ioncam a fháil ar an gcuid is mó ó chúnamh sóisialta
- (D) Deacrachtaí airgeadais de bharr breoiteachta fadtéarmaigh
- (E) Tuismitheoir ina oibrí neamhoilte nó ina mhionshealbhóir le clann cleithiúnach mór
- (F) Cásanna eile de ghéarchruatan.

Má chreideann tú go bhfuil tú i dteideal deontas, líon isteach an ceistneoir thíos le'd' thoil agus seol ar ais chun na scoile é.

CEISTNEOIR

Bliain scoile i gceist: 20

Ainm an Scoláire /na Scoláirí

1. _____ Bliain _____

2. _____ Bliain _____

3. _____ Bliain _____

Ainm an Tuismitheora / Chaomhnóra: _____

Seoladh: _____

Cineál fostaíochta go cruinn: _____

Ainm an Fhostóra: _____

An roinn de litir na Roinne faoin a mbraitheann tú go bhfuil tú i dteideal deontas: (a – f thuas) _____
(Má's Roinn A, caithfear cárta leighis a sholáthar)

An fáth go bhfuil tú i dteideal deontas: _____

Aon eolas eile a chabhródh linn d'iarratas a mheas:

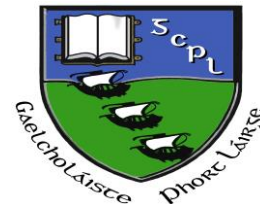
Síniú: _____ Dáta: _____

DON OIFIG AMHAIN

	Ainm	Bliain/Rang	Iomlán
1			
2			
3			

GAELOHÁISTE PHORT LÁIRGE

BOOK GRANT SCHEME



In accordance with Circular Letter No. 28/69 of the Department of Education, grants towards books may be paid to the children of parents in the lower income group.

Generally, children in families where any of the following circumstances exist may qualify for a grant:

- (A) Parent the holder of a general medical service card;
- (B) Insufficient means due to the absence of parental support;
- (C) Income derived in the main from social assistance;
- (D) Financial difficulties resulting from prolonged or continuous illness;
- (E) Parent unskilled worker or smallholder with large dependant family;
- (F) Other cases of acute hardship.

If you believe you are entitled to grant, please fill in the questionnaire below and return as soon as possible.

QUESTIONNAIRE

Relevant School Year: 20

Name of Student(s):

1. _____ Year: _____

2. _____ Year: _____

3. _____ Year: _____

Name of Parent or Guardian: _____

Address: _____

Exact nature of employment: _____

Name of employer: _____

Section of Department's letter under which you consider you qualify for a grant: (A – F above) _____
(If Section A, medical card must be produced)

Reason as to why you so qualify: _____

Any other information which will help us in assessing your application:

Signature: _____ Date: _____

DON OIFIG AMHAIN

	Ainm	Bliain/Rang	Iomlán
1			
2			
3			