

	NAME				
LEINSTER	Address Home/College (Please Specify)				
Please affix passport-sized photo here with your name printed clearly on the back.	Home Telephone No College Telephone No Mobile No Email Address				
	Date of Birth				
	Place of Birth				
	College I.D Number				
JAME OF HIGHER EDUCATION CO	LL FOE VOIL ATTEND				
NAME OF HIGHER EDUCATION COLLEGE YOU ATTEND					
Are you in receipt of a Sports Scholarship/Bursary from any other body? Yes No If you have ticked Yes for the above question you are not eligible to receive a bursary from Leinster GAA.					
Please list the sports and grade level at which you participated in the past year with your CLUB					
Please list the sports and grade level at which you participated during the past year with your COUNTY					

Please list the sports and grade level at which you participated during the past year with your HIGHER EDUCATION COLLEGE				
Please list any achievements at County/Club/ School and Higher Education college				
Please list administrative or coaching roles undertaken in Cumann Luthchleas Gael, including assisting in the coaching of underage teams				
Date	Role Undertaken	Level (Club, School, Co.)		
Have you obtained a GAA Coaching Certificate? (If yes, please state when and where obtained and Qualification Level)				

EDUCATION IN THE PAST YEAR

SCHOOL/ HIGHER EDUC	ATION COLLEGE AT	TENDED
NAME		
ADDRESS		
DETAILS OF CURREN	T HIGHER EDUCAT	ON COLLEGE COURSE/PROGRAMME
Course Title		
Course Description		
Course Duration		
Year of Course in 2019/202	0	
and is enrolled in a fulltime h	ove named is a student nigher education course	t in good standing of this Educational Institution e (60 credits); I also confirm that the above other form of financial support from this institution
SIGNAGTURE OR COLI	_EGE STAMP	DATE
CONFIRMATION OF COLL (This Section must be signed be college GAA Club)		Secretary or Games Promotion Officer of the relevant
I wish to confirm that the abo Football/Hurling/GAA Club	ove named is an active	member/player of the College
SIGNATURE		Position
SIGNATURES I confirm that the information	on I have given in thi	is form is true to the best of my knowledge.
STUDENT APPLICANT		DATE
STUDENT AFFLICANT		DATE
PARENT/GUARDIAN		DATE
Senior Inter County Pla	avers who were mem	bers of the GPA in 2019 should apply for

All applications to be sent to;

bursaries at www.gaelicplayers.com only

Postal address: Leinster GAA Office, Portlaoise Co.Laois

Email: hannah.horan.leinster@gaa.ie

CLOSING DATE FOR APPLICATIONS 11/10/2019

(no applications will be accepted beyond this date).