



Nano Nagle Student Assistance Fund for CEIST schools Application Form

School Name:		School Roll No:	
Student Information:			
Student ID:	Date of Birth:		Year Group:
Place in Family:	Number in F	amily:	Medical Card: Y/N:
from additional funding to offeducational experience and a	fset the cost of educations is sist him/her to fully end to students who are harkstusive):	onal resource ngage with th ving difficulty	se students who would benefit es and/or to enhance the student's se curriculum. The Fund typically covering the following kinds of culum), Food, Psychological
Applications should only be munable to source the assistant		•	ition to offer the assistance and is
Details of Application:			
Amount Requested			
Principal Signature:		Date:	





Nano Nagle Student Assistance Fund for CEIST schools Application Form (Continued)

It is the responsibility of the school to keep details of the Fund and associated expenditure for inspection by CEIST upon request. Principals will give a short report on the NNSAF students to the CEIST Board at the end of each academic year.

Decisions on applications will be made by a subcommittee of the CEIST Board. The decisions of the subcommittee will be final. Funds will be given to schools at the beginning of each academic year.

Please Supply School Bank Details for EFT Payment			
Account Name:			
Bank Name:			
Bank Branch:			
IBAN:			
Decision			
Amount Approved: €			
Rationale:			