



Application Form

School Roll No:

Year Group:

Medical Card: Y/N:

Uniform, Class materials, School Events (associated with the curriculum), Food, Psychological Testing, Counselling.

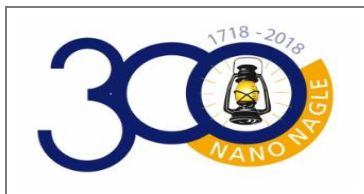
Applications should only be made where the school is not in a position to offer the assistance and is unable to source the assistance from another agency.

Details of Application:

[illegible]

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: _____

