NANO NAGLE STUDENT ASSISTANCE FUND FOR CEIST SCHOOLS

APPLICATION FORM

SCHOOL INFORMATION

NAME: _____ **ROLL NUMBER:** _____

STUDENT INFORMATION:

Student ID:	**Date of Birth:**	**Year Group:**
Place in Family:	**Number in Family:**	**Medical Card: Y/N:**

The **NANO NAGLE STUDENT ASSISTANCE FUND** is designed to assist those students who would benefit from additional funding to offset the cost of educational resources and/or to enhance the student's educational experience and assist him/her to fully engage with the curriculum. The **FUND** typically provides financial assistance to students who are having difficulty covering the following kinds of expenses (but the list is not exclusive):
Uniform, *School Events* (associated with the curriculum), *Food*, *Psychological Testing*, *Counselling.*

Applications should only be made where the school cannot offer the assistance from its own funds and is unable to source the assistance from another agency.

REASON FOR APPLICATION:

AMOUNT REQUESTED: _____

Principal Signature: _____ ***Date:*** _____

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It is the responsibility of the school to keep details of the Fund and associated expenditure for inspection by CEIST upon request.

Decisions on applications will be made by a subcommittee of the CEIST Board of Directors. The decision of the subcommittee will be final. Payments will be made before the end of Term 1.

PLEASE SUPPLY SCHOOL BANK DETAILS FOR EFT PAYMENT
ACCOUNT NAME: _____
BANK NAME: _____
BANK BRANCH: _____
IBAN:_____

DECISION
AMOUNT APPROVED: €_____

CLOSING DATE FOR APPLICATIONS: 31 OCTOBER 2026