|  |
| --- |
| **TUSLA Education Champions**  **Bursary for young people with care experience**  **Scheme 2024**  **Application Form** |
| **Championing education for young people with a care experience in the Republic of Ireland**  Tusla in conjunction with the Department of Children, Equality, Disability, Integration and Youth and Dormant Accounts makes available limited financial support to young people who have had a care experience to assist with third level course fees.  Before completing the Application Form, please read the Tusla Education Champions Information Document to check if you are eligible to apply. |
| **Section 1** |
| **First Name:** |
| **Last Name:** |
| **Date of birth:** |
| **Address:** |
| **Email address:** |
| **Please confirm email address:** |
| **Section 2** |
| **Tusla will need to access your records solely for the purpose of verifying your time in care. Please tell us when or where you were in care in line with Sections 4, 17 and 18 of the Childcare Act 1991:** |
| **Section 3** |
| **Name of Educational/Training Institution:**  **Course title:**  **Address of Educational/Training Institution:**  **Evidence of original confirmation of acceptance on the course of education/training (scanned letter / forwarded email) for which you are seeking this funding is attached:**  **Attached Y/N** |
| **Section 4**  **Is your course eligible for SUSI ?**  **Y/N**  **Are you in receipt of a SUSI grant?**  **Y/N**  **If you have not applied for SUSI, please state why?**  **If you have applied to SUSI, please attach/ forward the original email from SUSI evidencing that SUSI has declined your application.** |
| **Section 5** |
| **Declaration:**  I, the applicant, certify that the information given in this application is accurate.  **Signed: Date:** |

**Section 6**

**Allocated Aftercare Worker / Aftercare Manager is required to sign off this application form.**

***I confirm that:***

The applicant is over the age of 18 years and has provided evidence of 6 months care history prior to 18th birthday as outlined in the Tusla Education Champions Information sheet.

**Y/N**

|  |
| --- |
| **DECLARATION** |
| **Name of allocated Aftercare Worker / Aftercare Manager:**  **Telephone:**  **Email:**  **Signed:** |