



Gonzaga College SJ

Fr. John Sullivan Access Program

Application Form

Purpose

Gonzaga College request all parent(s)/guardian(s) of applicants for the Fr. John Sullivan program to complete this form in covering details of the family finances.

It is recognised that family circumstances change from year to year and the eligibility for the program will be reviewed periodically. This review will require parent(s)/guardian(s) to supply up to date information in relation to their finances

Confidentiality

All information provided will be treated in complete confidence. The distribution and retention of data will be controlled so as to ensure that confidence is not violated

Data Protection

Gonzaga college SJ is committed to adhering to the provisions of the Data Protection Acts 1998 and 2003, and in doing so to afford adequate protection to all students with regard to personal information held by the College.

The Fr. John Sullivan program is central to the ethos of Gonzaga College SJ. It promotes justice in its desire to afford equal opportunity of access to education. It promotes excellence in its encouragement of all students to maximise their potential.

- It is not an academic bursary nor is it a sports bursary. The program is designed to assist families who are not in a position to pay fees
- Bursaries are awarded on the basis of an interview in the home or school, a review of school reports and homework and an assessment of the family's means.
- Parent(s)/guardian(s) wishing to apply must complete this form and return it to the Headmaster accompanied by copies of school reports, a recent photograph of the applicant, a reference from the current school principal and other relevant documentation by 31 October in the year preceding entry
- Parent(s)/guardian(s) will subsequently be contacted to arrange an interview in the home. These interviews normally take place in November. Parent(s) /guardian(s) are expected to have homework copies available at this interview.
- Parent(s)/guardian(s) may be contacted by the College separate from the interview for clarification on information contained in the application form.
- Every effort is made to contact parent(s)/guardian(s) with a decision as early as possible

CRITERIA FOR APPLICATION TO PROGRAM

Applicants should meet Criteria 1 plus a minimum of 2 other criteria (3 to 6 below)

1. Family has low income. See table below
2. Family has a Medical Card or GP visit Card
3. No history of third level education of parent(s)/guardian(s)
4. Family receives a Means Tested Social Assistance Payment
5. Family lives in an urban/rural area of disadvantage
6. Family does not own their own home (i.e. living in rental accommodation/social housing)

Criteria

Please tick the appropriate boxes as to which criteria refer to you.

1	2	3	4	5	6	7

Low Income

To qualify the Total Family Income should not exceed the limits in the table below.

Number of Dependent Children*	Income
Less than 4	€48,811
4-7	€53,637
8 or more	€58,230

**Dependent child is defined as: Under 16 or over 16 but in full time education or medically certified as permanently unfit for work.*

Checklist

I/We Have Included	✓	I/We Have Included	✓
Completed Application form		Certificates	
P60 for the last 2 years		Current Principal's Reference	
P45 (if applicable)		Educational assessments	
Social Welfare documentation		Exemption from Irish (letter)	
Photocopy of Medical Card/GP		Photograph of son	
Photocopies of school reports (4 th and 5 th class)			

PERSONAL INFORMATION

Family Name			
Student's full name			
Date of Birth		Country/County of Birth	
Students PPS No.		Contact Phone Number	
Home Address			
Eircode			
Present Primary School			Class
Brothers: Yes <input type="checkbox"/> No <input type="checkbox"/> How many_____			
Sisters: Yes <input type="checkbox"/> No <input type="checkbox"/> How many_____			
Applicant's place in the Family			
Brothers in Gonzaga : Yes <input type="checkbox"/> No <input type="checkbox"/> Name			
Brothers of current or past pupils are not automatically granted a place on the program			
Father a past pupil of Gonzaga: Yes <input type="checkbox"/> No <input type="checkbox"/> Year Left			
Parents/Guardians Status	Married <input type="checkbox"/>	Separated <input type="checkbox"/>	Divorced <input type="checkbox"/> Unmarried <input type="checkbox"/>
	One Parent Deceased <input type="checkbox"/>		Both Parents Deceased <input type="checkbox"/>

Contact Details				
Father/Guardian's full name			Mother Guardian's full name	
Occupation			Occupation	
Employer			Employer	
Day Phone No.			Day Phone No.	
Mobile No			Mobile No	
Email			Email	

Special Educational Needs

Does your son have any learning or physical disability? Yes No

If yes please attach a copy of relevant supporting documentation, reports, letters etc

Is your son exempt from Irish? Yes No Date of Exemption

FINANCIAL INFORMATION

Who Lives in the family home?					
Name	Relationship	Age	Name	Relationship	Age
1			5		
2			6		
3			7		
4			8		
How many people are dependent on the income of the parent(s)/guardian(s)					
1			5		
2			6		
3			7		
4			8		
What is the total household income source?					
Father/Guardian	Salary <input type="checkbox"/> Self-employed <input type="checkbox"/> Other <input type="checkbox"/>				
Mother/Guardian	Salary <input type="checkbox"/> Self-employed <input type="checkbox"/> Other <input type="checkbox"/>				
Other					
What is total household income?					
Income	Last Year	This year	Next year		
Father/Guardian					
Mother/Guardian					
Children's allowance					
Other					
Total					
Please attach copies of relevant P60s/P45s/Social Welfare Documentation					

FINANCIAL INFORMATION

Does the Family own its own home. Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please complete below.									
a	What year was it purchased								
b	What was the purchase price								
c	How much mortgage is outstanding								
d	What is the current estimated value								
Give value of any other family assets									
a	Land								
b	Other homes								
c	Investments/shares								
d	Savings accounts								
e	Car								
f	Other								
Give average amount spent by family on the following									
		Per Week	Per month	Per year			Per Week	Per month	Per year
a	Food				g	Holidays			
b	Clothing				h	Education			
c	Rent/Mortgage				i	Medical bills			
d	Insurance				j	Taxes			
e	Electricity				k	Other			
f	Gas/Oil				l	Other			
Debt. How much does family owe.									
a	Bank				c	Credit Card			
b	Credit Union				d	Other			
Do you have a Medical Card/GP Visit Card? Yes <input type="checkbox"/> No <input type="checkbox"/>									

OTHER

GENERAL INFORMATION			
If there are any particular circumstances or additional information with regard to your son or family which you think may be helpful for the College to be aware of please include below			
Applications should be sent to: The Headmaster Gonzaga College S J Sandford Road Dublin 6 D06 KF95		Tel: 014972931 Email: headmaster@gonzaga.ie	
I/we wish to register an application for admission to Gonzaga College SJ			
I/We understand that this does not guarantee a place for the applicant			
Signature (Parent/Guardian)		Date	
Signature (Parent/Guardian)		Date	