

Independent Colleges Scholarship Scheme

The Independent Colleges Scholarship Scheme is offered to one student on each academic programme at the College. The scholarship is awarded to an individual who for economic and financial reasons would ordinarily be unable to pursue a course at Independent Colleges.

Types of Scholarship:

Independent Colleges offers two types of scholarship depending on whether you are applying for an undergraduate or postgraduate course at the College. Undergraduate scholarships are offered on a financial basis and predominately take an individual's financial and economic situation into account. Postgraduate applications are offered on the basis of merit. To be awarded a scholarship, students must show evidence of work experience and / or professional interest in the area of study that they wish to pursue.

Eligibility to apply:

- You are over 16 on the 1st of January of the year of entry to your desired programme.
- You are over 23 on the 1st of January of the year of entry to the BA (Hons) in Psychotherapeutic Studies, the H.Dip. in Psychotherapy or the MA in Psychoanalytic Psychotherapy.
- You have submitted a Direct Entry Application Form for your preferred programme.
- You meet the minimum entry requirements for your course of choice.
- You are legally entitled to remain in the country for the full duration of your chosen course without the requirement of a study visa.

How do I apply?

To apply for an Independent Colleges Scholarship, please complete and return the application form overleaf to:

Scholarship Applications
Admissions Office
Independent Colleges
60 – 63 Dawson Street
Dublin 2

The closing date for the receipt of scholarship applications is Friday, August 14th 2009. Decisions on all scholarships will be made by Friday August 28th 2009 and applicants will be contacted on Monday August 31st regarding the outcome of their application.

The Application Form:

Please ensure when completing the application form that all sections appropriate to you are completed.

Undergraduate Scholarship Applications (LL.B (Hons) Irish Law, BA (Hons) in Journalism, BA (Hons) in Psychotherapeutic Studies):

The following sections must be completed:

- Section A: Personal Details
- Section B: Course Preference
- Section C: Second Level / FETAC Education
- Section D: Family Information

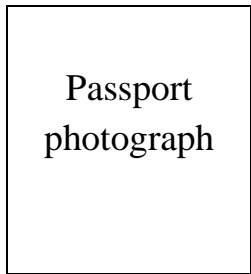
Application Check List:

Passport Photograph

Listed your course choice in order of preference

Have included a full set of academic transcripts (second or third level depending on course choice)

Independent Colleges Scholarship Application Form



Section A - To be completed by all applicants.

Surname: _____ First Name: _____

Date of Birth: _____ Nationality: _____

Correspondence Address: _____

Home Phone: _____ Mobile Phone: _____

Email address: _____

Section B - To be completed by all applicants.

Course Preference (please give full course title):

1. _____

2. _____

3. _____

Section C - To be completed by applicants for any undergraduate academic programme only.

Second Level Education (Please ensure that a photocopy of your Leaving Cert. Results are attached to this application. If they are currently unavailable please forward them one you have received them:

School Name: _____

Address: _____

From (Year): _____ To (Year): _____

FETAC Education (if relevant):

FETAC Provider: _____

Provider's Address: _____

From (Year): _____ To (Year): _____

Section D - To be completed by applicants for any undergraduate academic programme only.

Part I: Family Details:

Please tick the box most appropriate to your current circumstances:

Home Owner

Local Authority Tenant Purchasing Scheme

Local Authority Rented Housing

Private Rented Accommodation

Local Authority Rented Flat

Other Non Permanent Accommodation

Part II: Education Details:

Please outline below the highest level of education achieved by each member of your family including elder siblings:

Family Member	Highest Level of Education Achieved
Mother	
Father	
Brother/Sister	
Brother/Sister	
Brother/Sister	

Part III: Medical Card

Are you in receipt of a medical card?

Yes

No

If yes, please give the medical card number:

Part IV: Income

Estimated total income (from paid employment and social welfare entitlement) for the year ended 31st December 2008.

	Father	Mother	Guardian
Occupation:			
Salary from employment			
Income from pension			
Income from any other source: Please specify.			
Social Welfare Unemployment Benefit			
Social Welfare Unemployment Assistance (Short Term)			
Social Welfare Unemployment Assistance (Long Term)			
Social Welfare One Parent Family Payment			
Social Welfare Pension Payment			
Social Welfare Family Income Supplement			
Social Welfare Disability Allowance			
Social Welfare Disability Benefits			
Other Social Welfare payments: Please specify:			

Additional information if required:
