



8 December 2016

To: All Mandate Members

Re: Gaeltacht Scholarships

Dear Member

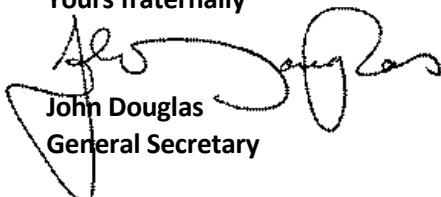
The Executive Council will sponsor thirty (30) full scholarships to Irish Colleges in the Gaeltacht during the summer of 2017. The Scholarships will cover:

- Accommodation for 22 days
- Course fees

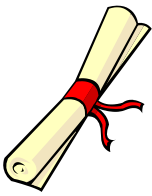
and will be awarded under the following conditions:

1. If your nominee is successful in the draw, but is unable to attend the scholarship course available and if notice of cancellation is not received in time to pass the vacant spot on to another child, **the original winner will be obliged to pay for the course in full.**
2. Scholarships are for children, sisters and brothers of members of MANDATE who are benefit members as at 1st January 2017. Benefit members are those who are not more than eight (8) weeks in arrears with contributions at that date.
3. Children must be between the ages of 10 and 18 years.
4. Applications must be made on the official form provided, each form to cover one child only.
5. Only one application per child is allowed.
6. Scholarships will be awarded by means of a draw which will take place at a date and time to be decided by the National Executive Council.
7. **Closing date for applications will be Friday 13th January 2017.** Applications received after that date will not be eligible for the draw.
8. The decision of the Executive Council on all matters relating to this scheme shall be final.
9. Scholarships will not be transferable.

Yours fraternally


John Douglas
General Secretary

APPLICATION FORM OVERLEAF



MANDATE

The Union of Retail, Bar and Administrative Workers.



GAELTACHT SCHOLARSHIPS 2017 ENTRY FORM

I hereby declare that I am a benefit member of MANDATE and I wish to enter my son/daughter/brother/sister below for inclusion in the draw for Gaeltacht Scholarships which is to take place in accordance with the conditions overleaf.

PLEASE COMPLETE IN BLOCK LETTERS

**NOTE: CLOSING DATE FOR ENTRIES FRIDAY 13TH JANUARY 2017
ONE APPLICATION PER CHILD ONLY**

SURNAME OF CHILD

FORENAME

DATE OF BIRTH

ADDRESS.....

.....

NAME OF UNION MEMBER

ADDRESS.....

.....

CONTACT TELEPHONE NO.....

RELATIONSHIP TO CHILD

PLACE OF EMPLOYMENT

ADDRESS.....

UNION DIVISION UNION NO

I agree to be bound by all conditions and decisions of the Executive Council.

Signed: _____ Date: _____

FOR OFFICIAL USE ONLY

Application Number	Division	Last Payment	Checked by