*******MANDATE***

***The Union of Retail, Bar and Administrative Workers.***

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|  **GAELTACHT SCHOLARSHIP 2026** **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 21st NOVEMBER 2025***

***ONE APPLICATION PER CHILD ONLY***

NAME OF CHILD …………………………………………………………………………………………………………

DATE OF BIRTH .................................................................................................……………...

ADDRESS............................................................................................................………………

….............................................................................................................………………………..

NAME OF UNION MEMBER ................................................................................…………..

ADDRESS (IF DIFFERENT THAN ABOVE)

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CONTACT TELEPHONE NO……………………………………………………………………………………….

EMAIL ADDRESS……………………………………………………………………………………………………….

RELATIONSHIP TO CHILD .....................................................................................………..

EMPLOYMENT....................................................................................…………………………

EMPLOYMENT ADDRESS ...............................................................................................

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 |
| --- | --- | --- | --- |
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