



MANDATE

The Union of Retail, Bar and Administrative Workers.

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)

.....

.....

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