

Principal: Mr. John O'Donovan  
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MEÁN SCOIL NAOMH IOSAIF  
**ST. JOSEPH'S**  
SECONDARY SCHOOL

### BOOK GRANT APPLICATION FORM

Students Name(s): \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone No. \_\_\_\_\_

Please tick box below any of the following circumstances which applies in your case:

- Financial difficulties resulting from prolonged or continuous illness.
- Parent unskilled worker or small holder, with large dependant family.
- Income derived in the main from social welfare assistance.
- Holder of general medical service card. Yes/No, Number .....  
If yes, photocopy of medical card is required and must be attached.
- Insufficient means due to absence of parental support.  
Other causes of acute hardship.....

Specify: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you in receipt of Back to School Clothing Allowance? Yes/No  
**If yes, evidence must be attached.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All books under the scheme are on loan and are to be returned to the school at the end of the school year. Failure to do this will jeopardise future participation in the scheme.

**This form is to be returned to the Secretary before September 20th**

