

Bursary Scheme for Nursing Entrants to Adelaide School of Nursing and Tallaght Hospital

The Adelaide Health Foundation is committed to ensuring that financial barriers do not prevent applicants applying to study Nursing. Students may apply for a **means tested** bursary each year with the exception of the rostered year of continuous paid clinical placement.

The Adelaide Health Foundation Student Nurse Bursary Scheme is open to all 1st, 2nd and 3rd year student nurses attached to Tallaght Hospital who are undertaking any of the following courses:

- General Nursing (TR091)
- General Nursing - Adelaide School of Nursing (TR093)
- Integrated Children's and General Nursing (TR911)

A full annual bursary is valued at €3000 with bursaries of varying amounts awarded based upon the income means of the applicant. The awarding of a bursary is solely within the discretion of the Foundation and will be given to the most deserving applicants each year. Personal details will be kept strictly confidential. Bursaries are provided from the voluntary funds of the Adelaide Health Foundation.

Eligibility for a bursary

Basis for assessment ("Who" is Means Tested/Assessed)

1. In the case of school leavers between the ages of 17 and 23 years on or before 1 January on year of entry, the income of the applicant's parents/guardians will be assessed.
2. In the case of mature applicants who are residing with and dependent on their parents/guardians, the income of the applicant's parents/guardians will be assessed.
3. In the case of independent mature applicants, the applicant's own income and their spouse's income (where applicable) will be assessed.
4. The assessment will be made for the income year prior to the year of entry (i.e. 2016).

Income limits for eligibility

- The income limits which determine eligibility for a bursary will in general be those in operation in the SUSI (Student Universal Support Ireland) Student Grant Scheme.
- Proof of all income is required for each relevant section (copies will suffice).
- If you are unsure whether a source of income should be included in your application, you should provide details of this income in the application form. [In certain circumstances further documentation may be required].
- We may receive data from the Revenue Commissioners and the Department of Social Protection to assist in the evaluation and processing of your application.
- It is important for all applicants to give details of all dependent children in respect of the income which is the basis of the application.
- If you wish to, you may supply a written description of your own or your family's circumstances on the 'Special Circumstances' page if you feel that would be helpful in assessing the application.



THE ADELAIDE HEALTH FOUNDATION

Student Nurse Bursary Application Form 2017-2018

SECTION 1 Details of Student

Surname _____ First Names _____

Date of Birth ____/____/____ PPS Number _____

Year entering in Sept 2017 (1st, 2nd, 3rd) _____

ADDRESS:

Mobile: 08 _____ Email _____

Please indicate your accommodation during term time

Student Halls _____ Renting _____ Commuting from above address daily _____

Other (Specify) _____

SECTION 2 Details of Parents/Guardians/Spouse

Indicate Marital Status

- Married Single Cohabiting Separated Divorced Widowed

Details	Father/Guardian	Mother/Guardian	Mature Applicant's Spouse (if applicable)
Full Name			
Address			
Occupation			
Telephone/Mobile			
Email			

Details of other dependent children under age 16 on 1 October 2017 or over 16 attending full time education or medically certified as permanently unfit for work. (Use the Notes page at the back for more space if needed)

Surname	First name	Date of Birth	School/College attending
		___/___/___	
		___/___/___	
		___/___/___	
		___/___/___	
		___/___/___	

SECTION 3 Income Details

Note: You must submit copies of the income documents which explain your total family income for 2016 e.g. P60/P21

If you had income from Employment (PAYE)/Pensions

€

Amount as per P60/P21 of Parent/Guardian 1	
Amount as per P60/P21 of Parent/Guardian 2	
Amount as per P60/ P21 of Mature Independent Applicant	
Amount as per P60/P21 of Independent's Spouse	
If employment was terminated during the year ended 31 December 2016 a P45 must be submitted	

If you had income from Social Welfare in 2016 you must submit Statement and rent allowance letter from Social Welfare

€

Social Welfare/FIS Statement ending 31 st December 2016 Parent/Guardian 1	
Social Welfare/FIS Statement ending 31 st December 2016 Parent/Guardian 2	
Social Welfare/FIS Statement ending 31 st December 2016 Independent Applicant	
Social Welfare/FIS Statement ending 31 st December 2016 Independent's Spouse	
One Parent Family(OPF)	
Maintenance, Divorce/Separations Settlements(Please state which one) _____	
Rent Allowance or Mortgage Assistance(please circle applicable)	

If you had income from Self-Employment/Farming please submit your Form 11 return summary or Business Accounts with Tax exemption if applicable €

What is the Total Income for business year 2016 (parent/Guardian 1)	
What is the Total Income for business year 2016 (parent/Guardian 2)	
What is your Total Income for business year 2016 (Independent Student)	
What is the Total Income for business year 2016 (Spouse of independent student)	
Directorships Held (if more than 50%) Please submit most recent audited accounts	%
Name of company:	
Name of Company:	

If you had income from Assets/Deposits/Investments please send in 3 Months Bank Statements dated within 4 weeks of the date of this application €

Property Address	Type-e.g. House, Land etc.	Annual Rental Income	
1			
2			
3			
4			
Other Assets(e.g. Savings)	Description e.g. Bonds etc.	Estimated Current Value	Annual Income
1			
2			
3			
4			

Liabilities please describe e.g. Student Loan, Car Loan, etc. €

Loans	
Bank Overdraft	
Credit Card Debt	
Other Expenses e.g. Medical	

CLOSING DATE 31st October 2017

SECTION 4 Declaration and Authorisation

I/We declare that to the best of my/our knowledge and belief all the information given in this form is true, complete and accurate in every particular

Signed and dated by

A) INDEPENDENT MATURE APPLICANT

Signature of Applicant:

Date: _____

Signature of Applicant's Spouse:

Date: _____

B) ALL OTHER APPLICANTS

Signature of Applicant:

Date: _____

Signature of Applicant's
Parent 1/Guardian:

Date: _____

Signature of Applicant's
Parent 2/Guardian

Date: _____

CLOSING DATE 31st October 2017

Completed Application Forms should be returned to

The Foundation Manager
The Adelaide Health Foundation
Tallaght Hospital, Tallaght
Dublin 24
D24 NR0A

TEL: 01 414 2071

- Incomplete forms will be returned and cannot be processed until they are fully completed. Please complete every section: if it does not apply write N/A (not applicable). It is the applicant's responsibility to ensure the Application Form is fully and properly completed and signed in Section 4. Application Forms received after the closing date will not be considered.



**ADELAIDE
HEALTH
FOUNDATION**

Tel: 01-4142069

Tel: 01-4142071

Email: Info@adelaide.ie

OFFICIAL USE ONLY

<i>Status</i>	<i>Other Dependents</i>	<i>Location</i>	<i>Total Income</i> €	<i>Prev-Bursary</i> €	<i>Documents</i>	<i>Award Granted</i> %

OFFICE NOTES:
