

ESB APPLICATION FORM

**2011 EDUCATIONAL BURSARY FOR CHILDREN (OF STAFF) WHO HAVE
A QUALIFYING DISABILITY AND ARE PRIMARILY DEPENDENT**

PLEASE USE BLOCK CAPITALS

STAFF MEMBER NAME: _____

Home Address: _____

Staff No: _____ **Date of Current Service:** _____

Work Location: _____

Business Unit: _____

Work Number: _____ **email address:** _____

Mobile Number: _____ **Home Number: (Incl prefix)** _____

CHILD'S NAME _____

Date of Birth: _____

TYPE OF DISABILITY:

TYPE OF FURTHER EDUCATION being pursued: _____

NAME OF COLLEGE OR INSTITUTE: _____

DECLARATION BY PARENT/GUARDIAN OF APPLICANT.

I declare that _____ has a disability and is dependent on my support. I also declare that **this is the first and only application** in respect of the above named.

Signed: _____ **Date:** _____
Parent / Guardian

Only one application may be submitted per Applicant. Envelopes marked '**Bursary**' should be sent to **Carmel Hosey, Human Resources, ESB Kilcruddin Business Park, Tullamore, Co. Offaly** to arrive not later than **Friday 14th October, 2011.**

Draw will take place on **Friday 28th October, 2011** in ESB Head Office, 27 Lr. Fitzwilliam Street, Dublin 2.