

BOOK GRANT FORM 2024-2025
LUCAN COMMUNITY COLLEGE
Please complete and email this form to admin@lucancc.ie

Student Name: _____ Year: _____

Student Name: _____ Year: _____

Student Name: _____ Year: _____

Student Name: _____ Year: _____

Parent/Guardian Name: _____

Address: _____

Tel. No.: _____

Reason for applying (*please tick yes/no as appropriate and provide any evidence as an attachment*). *Please note not all applications may be eligible*)

In receipt of a Social Welfare payment (including Family Income Supplement) or a Health Service Executive payment Yes No

Unemployment Yes No

Financial difficulties from prolonged illness Yes No

Other cases of financial difficulties (please explain) Yes No

Medical/Social Welfare card details: _____

SIGNED: _____ **DATE:** _____
Parent/Guardian

(The information gathered on this form is used for the purposes of processing the school book grant only and will be destroyed securely once that process is completed.)

For Office use only.....

VOUCHER NO: _____

Total: _____