

**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: \_\_\_\_\_