

Teagasc Student Maintenance Grant Application Form 2021/2022

APPLICANT'S FULL NAME (in BLOCK LETTERS)	Student Quercus ID No:

Means testing will apply to approved full-time Level 5 and Level 6 courses for the 2021/2022 academic year.

To ensure early notification on your maintenance grant eligibility we strongly recommend that upon receipt of acceptance to your chosen college that you apply for a student grant.

Please send completed application form and associated documentation to:

Teagasc Maintenance Grant, PO Box 46, Clonakilty, Co. Cork, P85 FV48

Please do not apply to SUSI for the Teagasc Student Maintenance Grant.



This symbol means there is a detailed note in the **Guidance Notes** to help you answer the question. The **Guidance Notes** can be found on www.teagasc.ie/education/going-to-college/grants/



This symbol means we need **documentary evidence** from you and you must send the relevant documents with the application form. See the **Guidance Notes** for detailed information on documentary evidence.

When completing the application form, applicants should use:
BLACK INK and write in **BLOCK LETTERS**.

All queries should be directed to: teagascmaintenancegrant@southwestern.ie or 0818 161 000

If you need further advice or support on completing the form, please contact your accountant or financial advisor.

CLOSING DATE: 1st October, 2021

Data Protection Statement

The information you give on this form will be used to administer your application for a student grant. The contact details you give will be used solely to make further contact with you about your application for a student grant, where necessary.

Teagasc the awarding authority will treat all information and personal data as confidential. Teagasc may ask for other information or documents if needed to process your application.

Teagasc the awarding authority may also disclose any information you supply to a representative as listed in the Statutory Instruments, Student Grant Scheme 2021 document, which includes government departments and public bodies for example, the Revenue Commissioners, the Department of Social Protection, the Department of Justice and Equality and further and higher education institutes so that it can:

- obtain information to decide whether you are eligible for a student grant;
- verify information that you have supplied including your Personal Public Service (PPS) number;
- assist in processing your student grant application and paying the student grant.

Teagasc the awarding authority may also refer information that you have supplied to the Department of Education and Skills for clarification on the interpretation of the relevant grant scheme.

Teagasc the awarding authority engage Capita Customer Solutions to assess the student maintenance grant applications on its behalf. Capita Customer Solutions adhere to the Teagasc data protection regulations and their own data protection process in respect to student maintenance grant data.





Teagasc the awarding authority may store the information you supply on a student grants database.

Teagasc the awarding authority will keep your information to carry out audits, reviews and inspections of student grants according to their data retention policies.








Please tick the box confirming that you have read the Data Protection Statement

Section A: Applicant's Personal Details

The **applicant** must answer all questions in Section A. If a question does not apply to you, please enter "N/A" (not applicable) clearly next to the relevant question.

A1 	PPS number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
A2	Title:	Mr: <input type="checkbox"/> Mrs: <input type="checkbox"/> Ms: <input type="checkbox"/> Other (please specify) _____
A3	Surname:	<input type="text"/>
A4	First name:	<input type="text"/>
A5	Your mother's birth surname:	<input type="text"/>
A6  	Date of birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
A7	Gender:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
A8 	Home address (you must include Eircode):	_____ _____ _____ Eircode: _____
A9	Distance by road from your home address to your chosen Teagasc college:	45 kms or less: <input type="checkbox"/> Over 45 kms: <input type="checkbox"/>
A10	Contact number(s): (required)	Mobile: _____ Home: _____





A11	Email address: (Your email will be used for verification and communication purposes).	
A12	College you will be attending:	
A13	QQI Level 5 course you will be attending in 2021:	Certificate in Agriculture: <input type="checkbox"/> Certificate in Horticulture: <input type="checkbox"/> Certificate in Forestry: <input type="checkbox"/> Certificate in Pig Production: <input type="checkbox"/> Certificate in Poultry: <input type="checkbox"/> Certificate in Horsemanship - Equitation: <input type="checkbox"/> Certificate in Horsemanship - Stud Management: <input type="checkbox"/>
A14	QQI Level 6 course you will be attending in 2021:	Advanced Certificate in Dairy Herd Management: <input type="checkbox"/> Advanced Certificate in Drystock Management: <input type="checkbox"/> Advanced Certificate in Agricultural Mechanisation: <input type="checkbox"/> Advanced Certificate in Crops and Bio Energy: <input type="checkbox"/> Advanced Certificate in Crops and Machinery Management: <input type="checkbox"/> Advanced Certificate in Horsemanship – Equitation: <input type="checkbox"/> Advanced Certificate in Horsemanship – Stud Management: <input type="checkbox"/> Advanced Certificate in Horticulture: <input type="checkbox"/> Advanced Certificate in Forestry: <input type="checkbox"/>

A15  	Category of applicant:	Student dependent on parent(s)/legal guardian: <input type="checkbox"/> Mature student dependent on parent(s)/legal guardian: <input type="checkbox"/> Independent mature student: <input type="checkbox"/>
A16	Marital status:	Single: <input type="checkbox"/> Married/in a civil partnership: <input type="checkbox"/> Cohabiting: <input type="checkbox"/> Divorced/former civil partner:  <input type="checkbox"/> Separated:  <input type="checkbox"/> Remarried: <input type="checkbox"/> Widowed/a surviving civil partner: <input type="checkbox"/>
A17	On January 1st 2021 which category best described you:	Student: <input type="checkbox"/> Employed: <input type="checkbox"/> Self-employed: <input type="checkbox"/> Unemployed: <input type="checkbox"/> Retired: <input type="checkbox"/> Home Duties: <input type="checkbox"/> Other (please specify): _____
A18 	If you have not always been a student what was your occupation?	
A19	Are you repeating the year:	Yes <input type="checkbox"/> No <input type="checkbox"/>
A20 	Have you applied for or will you be getting a Back to Education Allowance (BTEA) payment for the 2021/2022 academic year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
A21 	Have you applied for or will you be getting a Vocational Training Opportunities Scheme (VTOS) payment for the 2021/2022 academic year?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section A: Have you included?		Yes	No	N/A
1.	A photocopy of your long form birth certificate?			
2.	Documentary evidence if you are an Independent Mature Student?(See pg 6 of Guidance Notes).			
3.	Documentary evidence for separation and divorce? (See pg 6 of Guidance Notes).			
4.	Have you included your Eircode?			

Section B: Applicant's Nationality, Immigration Status and Residency Details.


The **applicant** must answer all questions in Section B. If a question does not apply to you, please enter "N/A" (not applicable) clearly next to the relevant question.


<p>B1</p> 	<p>What country were you born in?</p>	<p>Ireland: <input type="checkbox"/> Elsewhere: <input type="checkbox"/></p> <p>If Ireland, enter the county: _____</p> <p>If elsewhere, enter the country: _____</p>
<p>B2</p> 	<p>What is your nationality?</p>	
<p>B3</p>  	<p>Have you been resident in Ireland for at least 3 of the last 5 years? N.B. This question must be answered by all applicants - Nationals and Non-nationals.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, go to section C If No, that is, if you have not been living in Ireland for at least 3 of the last 5 years, please fill in your residence details for the last 5 years in the space below.</p> <p>Full Address:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Why were you there? (e.g., travel, work or study)</p> <p>_____</p> <p>How long were you there?</p> <p>From:</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>To:</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>

Section B: Have you included?		Yes	No	N/A
1.	A photocopy of your long form birth certificate?			
2.	Documentary evidence to show you have current permission to remain in Ireland if you are a non Irish national or a national of another EU member state, the EEA or Switzerland (see pg 8 of Guidance Notes).			
3.	Documentary evidence of residency in Ireland for 3 of the last 5 years? Documentary evidence must be included for ALL applicants. This can be a copy of your Leaving Certificate results. (See pg 10 of Guidance Notes).			

Section C: Applicant's Academic History and Sources of Student Financial Assistance

The **applicant** must answer all questions in Section C. If a question does not apply to you, please enter "N/A" (not applicable) clearly next to the relevant question.





C1	<p>Have you completed your Leaving Certificate or equivalent final school exam?</p> <p><i>If yes, what year?</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
 <p>C2</p>	<p>Have you previously attended:</p> <p><i>If you answered yes to any of the above course options, please give details of the most recent course you attended.</i></p>	<p>A PLC course? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>An undergraduate course? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>A postgraduate course? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
(a)	Name of college or institution:	
(b)	Address of college or institution:	
(c)	Title of course:	
(d)	On what basis did you attend this course?	Full-time: <input type="checkbox"/> Part-time: <input type="checkbox"/>
(e)	What was the start date of this course?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

(f)	How long was the course (in years)?	
(g)	Did you complete this course?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(h)	Qualification you received?	
(i)	Have you provided details of all further education courses you have attended? <i>If no, include further details in the Additional Information Section.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
C3 	Do you hold or have you ever held a student grant? <i>If yes, for which academic years did you get the grant?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text"/>
C4	Have you ever applied for or will you be getting any other financial assistance from Ireland or abroad for the 2021/2022 academic year? <i>If yes, please give details.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> <hr/> <hr/> <hr/>

Section C: Have you included?		Yes	No	N/A
1.	A copy of award from your previous attendance on a course? (see pg 11 of Guidance Notes)			
2.	Details of all further education courses you have attended?			
3.	Documentary evidence of other student financial assistance you may receive?			

Section D: Personal Details of your Parent(s), Legal Guardian(s), Spouse, Civil Partner or Cohabitant.




The applicant must answer all questions in Section D. If a question does not apply to you, please enter "N/A" (not applicable) clearly next to the relevant question. Please include personal details for your **FATHER** below if you are a student dependent on parent(s)/legal guardian(s) or a mature student dependent on parent(s)/legal guardian(s).

D1 	PPS number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
D2	Surname:	<input type="text"/>
D3	First name:	<input type="text"/>
D4	Mother's birth surname:	<input type="text"/>
D5	Current marital status:	Single (never married): <input type="checkbox"/> Married/in a civil partnership: <input type="checkbox"/> Cohabiting: <input type="checkbox"/> Divorced/former civil partner:  <input type="checkbox"/> Separated:  <input type="checkbox"/> Remarried/widowed/a surviving civil partner: <input type="checkbox"/>
D6	Home address (you must include Eircode):	<input type="text"/> <input type="text"/> <input type="text"/> Eircode: <input type="text"/>
D7	Contact number(s): (required)	Mobile: <input type="text"/> Home: <input type="text"/>
D8	Employment status:	Student: <input type="checkbox"/> Employed: <input type="checkbox"/> Self-employed: <input type="checkbox"/> Unemployed: <input type="checkbox"/> Retired: <input type="checkbox"/> Home Duties: <input type="checkbox"/> Other (please specify): <input type="text"/>
D9 	Occupation:	<input type="text"/>

Please include personal details for your **MOTHER** below if you are a student dependent on parent(s)/legal guardian(s) or a mature student dependent on parent(s)/legal guardian(s).

D1 	PPS number	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>										
D2	Surname:											
D3	First name:											
D4	Mother's birth surname:											
D5	Current marital status:	Single (never married): <input type="checkbox"/> Married/in a civil partnership: <input type="checkbox"/> Cohabiting: <input type="checkbox"/> Divorced/former civil partner:  <input type="checkbox"/> Separated:  <input type="checkbox"/> Remarried/widowed/a surviving civil partner: <input type="checkbox"/>										
D6	Home address (you must include Eircode):	_____ _____ _____ Eircode: _____										
D7	Contact number(s): (required)	Mobile: _____ Home: _____										
D8	Employment status:	Student: <input type="checkbox"/> Employed: <input type="checkbox"/> Self-employed: <input type="checkbox"/> Unemployed: <input type="checkbox"/> Retired: <input type="checkbox"/> Home Duties: <input type="checkbox"/> Other (please specify): _____										
D9 	Occupation:											


Please include personal details for your **SPOUSE/CIVIL PARTNER/COHABITANT** below if you are an independent mature student.

D1 	PPS number	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>										
D2	Surname:											
D3	First name:											
D4	Mother's birth surname:											
D5	Current marital status:	Single (never married): <input type="checkbox"/> Married/in a civil partnership: <input type="checkbox"/> Cohabiting: <input type="checkbox"/> Divorced/former civil partner:  <input type="checkbox"/> Separated:  <input type="checkbox"/> Remarried/widowed/a surviving civil partner: <input type="checkbox"/>										
D6	Home address (you must include Eircode):	_____ _____ _____ Eircode: _____										
D7	Contact number(s): (required)	Mobile: _____ Home: _____										
D8	Employment status:	Student: <input type="checkbox"/> Employed: <input type="checkbox"/> Self-employed: <input type="checkbox"/> Unemployed: <input type="checkbox"/> Retired: <input type="checkbox"/> Home Duties: <input type="checkbox"/> Other (please specify): _____										
D9 	Occupation:											

Section D: Have you included?		Yes	No	N/A
1.	A copy of your divorce decree or separation agreement? (see pg 12 of Guidance Notes)			
2.	Proof that you are living separately?			

Section E: Details of Dependent Children

The applicant must answer all questions in Section E. If a question does not apply to you, please enter “N/A” (not applicable) clearly next to the relevant question.

E1. If you are applying as a student dependent on parent(s)/legal guardian(s) or a mature student dependent on parent(s)/legal guardian(s) please list other dependent children of your parent(s)/legal guardian(s) and your own dependent children, if applicable. If you are applying as an independent mature student, list your own dependent children and the dependent children of your spouse, if applicable. 

Please give details below of dependent children (including foster children) who, on the 1st of October 2020, were in the following categories:

- (a) Under 16 years of age;
- (b) 16 years of age or over and in full-time education;
- (c) 16 years of age or over and medically certified as permanently unfit for work.

Surname	Name	Date of birth (dd/mm/yyyy)	Category of dependent child: (a), (b) or (c)	School or college this child attended in 2020/2021	Relationship to the applicant

E2. Please give details of the children listed above who, in the 2021/2022 academic year, will attend a full-time course of further or higher education and training in Ireland or an EU member state.

If you are applying as a student dependent on parent(s)/legal guardian(s), or a mature student dependent on parent(s)/legal guardian(s) you can list your parent(s) or legal guardian(s) below if they, in the 2021/2022 academic year, will attend a full-time course of further or higher education and training in Ireland or an EU member state.  









Surname	Name	College or Institution student will attend in 2021/2022	Course title	Year of course this student will be in for 2021/2022	Has this student applied for a grant in 2021/2022?	Awarding grant authority















Section E: Have you included?		Yes	No	N/A
1.	A medical certificate stating that dependent child over 16 is permanently unfit for work? (see pg 13 of Guidance Notes).			
2.	Letter from college for any other dependent(or parent/legal guardian), apart from the applicant, who will be attending a full-time course during the 2021/2022 academic year? (see pg 13 of Guidance Notes).			











Section F: Reckonable Income

The **applicant** must answer all questions in Section F. If a question does not apply to you, please enter "N/A" (not applicable) clearly next to the relevant question.




Please answer all questions in relation to reckonable income details for the **APPLICANT** below.













<p>F1</p>  	<p>Were you self-employed in 2020 or engaged in farming?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please enter your total taxable income for the 3 most consecutive years from 2018 onwards (schedule 'D' in Notice of Assessment).</p> <p>2018 € <input type="text"/> 2019 € <input type="text"/> 2020 € <input type="text"/> Average € <input type="text"/></p>
<p>F2</p>  	<p>Were you employed in 2020 on a full-time, part-time or temporary basis? If yes, and you were in full-time education, you will need your employer to complete the Holiday Earnings Table on page 38 of this application form.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Gross 2020 income: € <input type="text"/></p>
<p>F3</p>  	<p>Did you receive any social welfare payments in 2020 other than child benefit? If yes, you will need to complete the 2020 Statement of Social Benefits on page 33 of this application form - Appendix 1.</p> <p>Gross amount received from 1st January 2020 to 31st December 2020?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Type of payment: <input type="text"/></p> <p>€ <input type="text"/></p>
<p>F4</p>  	<p>Did you receive any payment from any government department or state agency, for example, the HSE, Solas or a local authority in 2020? Type of payment? Gross amount received from 1st January 2020 to 31st December 2020?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="text"/></p> <p>€ <input type="text"/></p>









<p>F5</p>  	<p>Did you have rental income from any of your land or properties in Ireland or abroad in 2020?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Adjusted profit or loss: € <input type="text"/></p>
<p>F6</p>  	<p>Were you a proprietary director or shareholder of a limited company in 2020?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>F7</p>  	<p>Did you receive a pension other than a social welfare state pension in 2020?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Gross 2020 amount: € <input type="text"/></p>
<p>F8</p>  	<p>Did you have any income in 2020 from savings, deposit accounts or investments?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Gross 2020 amount: € <input type="text"/></p>
<p>F9</p>  	<p>Did you have any income in 2020 from a maintenance agreement?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Gross 2020 amount: € <input type="text"/></p>
<p>F10</p>  	<p>Did you receive a lump sum payment during 2020 from retirement or redundancy?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Gross amount received: € <input type="text"/></p> <p>Number of years worked: € <input type="text"/></p>
<p>F11</p>  	<p>Did you have any income in 2020 from disposal of assets or rights? If yes, you will need to complete the Disposal of Assets and Rights Table on page 34/35 of this application form - Appendix 2.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Gross gain/loss: € <input type="text"/></p>









<p>F12</p>  	<p>Did you receive any gifts or inheritances in 2020? <i>If yes, you will need to complete the Gifts and Inheritance Table on page 36/37 of this application form - Appendix 3.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Net value: € <input type="text"/></p>
<p>F13</p>  	<p>Did you receive any other income in 2020 from any sources not mentioned above?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Description: _____</p> <p>Gross 2020 amount: € <input type="text"/></p>
<p>F14</p>  	<p>Did you make a legally enforceable maintenance payment in 2020 following separation or divorce?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Gross amount paid: € <input type="text"/></p>
<p>F15</p>  	<p>Did you make any pension contributions in 2020?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Gross amount paid: € <input type="text"/></p>
<p>F16</p>  	<p>Did you have a permanent change in circumstances in relation to reckonable income since 2020?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Please provide details of these changes:</p> <p>_____</p> <p>_____</p> <p>_____</p>

Please answer all questions in relation to reckonable income details for your **FATHER/LEGAL GUARDIAN** and **MOTHER/LEGAL GUARDIAN** below.









F1		Father/Legal Guardian	Mother/Legal Guardian
	<p>Were you self-employed in 2020 or engaged in farming?</p> <p><i>If yes, please enter your total taxable income for the 3 most consecutive years from 2018 onwards (schedule 'D' in Notice of Assessment).</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>2018 € <input type="text"/></p> <p>2019 € <input type="text"/></p> <p>2020 € <input type="text"/></p> <p>Average € <input type="text"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>2018 € <input type="text"/></p> <p>2019 € <input type="text"/></p> <p>2020 € <input type="text"/></p> <p>Average € <input type="text"/></p>
	<p>Were you employed in 2020 on a full-time, part-time or temporary basis?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Gross 2020 income:</p> <p>€ <input type="text"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Gross 2020 income:</p> <p>€ <input type="text"/></p>
	<p>Did you receive any social welfare payments in 2020 other than child benefit? <i>If yes, you will need to complete the 2020 Statement of Social Benefits on page 33 of this application form - Appendix 1.</i></p> <p>Type of payment?</p> <p>Gross amount received from 1st January to 31st December 2020?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="text"/></p> <p>€ <input type="text"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="text"/></p> <p>€ <input type="text"/></p>















F4  	Did you receive any payment from any government department or state agency, for example, the HSE, Solas or a local authority in 2020?	Father/Legal Guardian	Mother/Legal Guardian
	Type of payment?	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text"/>
	Gross amount received from 1st January to 31st December 2020?	€ <input type="text"/>	€ <input type="text"/>
F5  	Did you have rental income from any of your land or properties in Ireland or abroad in 2020?	Yes <input type="checkbox"/> No <input type="checkbox"/> Adjusted profit/loss: € <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Adjusted profit/loss: € <input type="text"/>
F6  	Were you a proprietary director or shareholder of a limited company in 2020?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
F7  	Did you receive a pension other than a social welfare state pension in 2020?	Yes <input type="checkbox"/> No <input type="checkbox"/> Gross 2020 amount: € <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Gross 2020 amount: € <input type="text"/>
F8  	Did you have any income in 2020 from savings, deposit accounts or investments?	Yes <input type="checkbox"/> No <input type="checkbox"/> Gross 2020 amount: € <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Gross 2020 amount: € <input type="text"/>
F9  	Did you have any income in 2020 from a maintenance agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/> Gross 2020 amount: € <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Gross 2020 amount: € <input type="text"/>






<p>F10</p>  	<p>Did you receive a lump sum payment during 2020 from retirement or redundancy?</p>	<p>Father/Legal Guardian</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Gross amount received: € <input type="text"/></p> <p>Number of years worked: <input type="text"/></p>	<p>Mother/Legal Guardian</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Gross amount received: € <input type="text"/></p> <p>Number of years worked: <input type="text"/></p>
<p>F11</p>  	<p>Did you have any income in 2020 from disposal of assets or rights? <i>If yes, you will need to complete the Disposal of Assets and Rights Table on page 34/35 of this application form - Appendix 2.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Gross gain/loss: € <input type="text"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Gross gain/loss: € <input type="text"/></p>
<p>F12</p>  	<p>Did you receive any gifts or inheritances in 2020? <i>If yes, you will need to complete the Gifts and Inheritances Table on page 36/37 of this application form - Appendix 3.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Net value: € <input type="text"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Net value: € <input type="text"/></p>
<p>F13</p>  	<p>Did you receive any other income in 2020 from sources not mentioned above?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Description: _____ _____</p> <p>Gross 2020 amount: € <input type="text"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Description: _____ _____</p> <p>Gross 2020 amount: € <input type="text"/></p>

F14  	Did you make a legally enforceable maintenance payment in 2020 following a separation or divorce?	Father/Legal Guardian	Mother/Legal Guardian
		Yes <input type="checkbox"/> No <input type="checkbox"/> Gross amount received: € <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Gross amount received: € <input type="text"/>
F15  	Did you make any pension contributions in 2020?	Yes <input type="checkbox"/> No <input type="checkbox"/> Gross amount paid: € <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Gross amount paid: € <input type="text"/>
		F16  	
F16  	Did you have any permanent change in circumstances in relation to reckonable income since 2020?	Yes <input type="checkbox"/> No <input type="checkbox"/> Please provide details of these changes: _____ _____ _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Please provide details of these changes: _____ _____ _____

Please answer all questions in relation to reckonable income details for your **SPOUSE, CIVIL PARTNER** or **COHABITANT** below:

<p>F1</p>  	<p>Were you self-employed in 2020 or engaged in farming?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please enter your total taxable income for the 3 most consecutive years from 2018 onwards (schedule 'D' in Notice of Assessment).</p> <p>2018 € <input type="text"/> 2019 € <input type="text"/> 2020 € <input type="text"/> Average € <input type="text"/></p>
<p>F2</p>  	<p>Were you employed in 2020 on a full-time, part-time or temporary basis?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Gross 2020 income: € <input type="text"/></p>
<p>F3</p>  	<p>Did you receive any social welfare payments in 2020 other than child benefit? <i>If yes, you will need to complete the 2020 Statement of Social Benefits on page 33 of this application form - Appendix 1.</i></p> <p>Type of payment:</p> <p>Gross amount received from 1st January 2020 to 31st December 2020?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="text"/></p> <p>€ <input type="text"/></p>
<p>F4</p>  	<p>Did you receive any payment From any government department or state agency, for example, the HSE, Solas or a local authority in 2020?</p> <p>Type of payment?</p> <p>Gross amount received from 1st January to 31st December 2020?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="text"/></p> <p>€ <input type="text"/></p>

<p>F5</p>  	<p>Did you have any rental income from any of your land or properties in Ireland or abroad in 2020?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Adjusted profit/loss:</p> <p>€ <input type="text"/></p>
<p>F6</p>  	<p>Were you a proprietary director or shareholder of a limited company in 2020?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>F7</p>  	<p>Did you receive a pension other than a social welfare state pension in 2020?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Gross 2020 amount: € <input type="text"/></p>
<p>F8</p>  	<p>Did you have any income in 2020 from savings, deposit accounts or investments?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Gross 2020 amount: € <input type="text"/></p>
<p>F9</p>  	<p>Did you have any income in 2020 from a maintenance agreement?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Gross 2020 amount: € <input type="text"/></p>
<p>F10</p>  	<p>Did you receive a lump sum payment during 2020 from retirement or redundancy?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Gross amount received: € <input type="text"/></p> <p>Number of years worked: <input type="text"/></p>
<p>F11</p>  	<p>Did you have any income in 2020 from disposal of assets or rights? <i>If yes, you will need to complete the Disposal of Assets and Rights Table on page 34/35 of this application form - Appendix 2.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Gross gain/loss: € <input type="text"/></p>

<p>F12</p> 	<p>Did you receive any gifts or inheritances in 2020? <i>If yes, you will need to complete the Gifts and Inheritance Table on page 36/37 of this application form - Appendix 3.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Net value: € <input type="text"/></p>
<p>F13</p> 	<p>Did you receive any other income in 2020 from any sources not mentioned above?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Description: _____</p> <p>Gross 2020 amount: € <input type="text"/></p>
<p>F14</p> 	<p>Did you make a legally enforceable maintenance payment in 2020 following separation or divorce?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Gross amount paid: € <input type="text"/></p>
<p>F15</p> 	<p>Did you make any pension contributions in 2020?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Gross amount paid: € <input type="text"/></p>
<p>F16</p> 	<p>Did you have a permanent change in circumstances in relation to reckonable income since 2020?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Please provide details of these changes:</p> <p>_____</p> <p>_____</p> <p>_____</p>

Note: If you, your parent(s), legal guardian(s), spouse, civil partner or cohabitant, as applicable, fail to complete the relevant sections or fail to provide the documents we need, we will advise you and we may return the application form to you.

This will **delay the processing** of your grant application and may delay payment if your application is successful.

Section F: Have you included for all relevant persons?		Yes	No	N/A
1.	Notice of assessments and copies of your accounts for 2018, 2019 and 2020? (see pg 15 of Guidance Notes).			
2.	An Employment Detail Summary (formally P60) for 2020 employment?(see pg 16 of Guidance Notes). Holiday Earnings Statement found on pg 38 of this Application Form.			
3.	Appendix 1 - statement from the Department of Social Protection showing all earnings from the 1st January 2020 to the 31st December 2020?(see pg 17 of Guidance Notes).			
4.	Documentation showing 2020 payment from any other state agency? (see pg 18 of Guidance Notes).			
5.	Documentation showing adjusted profit or loss from rental income? (see pg 18 of Guidance Notes).			
6.	Documentation regarding shareholding in a limited company? (see pg 19 of Guidance Notes).			
7.	Documentation showing 2020 private pension? (see pg 19 of Guidance Notes).			
8.	Documentation showing 2020 income from savings, deposit accounts or investments? (see pg 20 of Guidance Notes).			
9.	Documentation showing 2020 income from maintenance? (see pg 20 of Guidance Notes).			
10.	Documentation showing lump sum payments from retirement or redundancy?(see pg 21 of Guidance Notes).			
11.	A Disposal of Assets and Rights table found on page 34/35 of this Application Form? - Appendix 2 (see pg 22 of Guidance Notes).			
12.	A Gifts and Inheritances table found on page 36/37 of this Application Form? - Appendix 3 (see Pg 23 of Guidance Notes).			
13.	Documentation showing any other sources of 2020 income not mentioned in section F? (see pg 23 of Guidance Notes).			
14.	Documentation showing any maintenance payments made in 2020?(see pg 24 of Guidance Notes).			
15.	Documentation showing any pension contributions made in 2020? (see pg 24 of Guidance Notes).			
16.	Documentation relating to a permanent change in circumstances since 2020?(see pg 25 of Guidance Notes).			

Declaration

I/We declare that all the information that I/we have given on this form together with the supporting documentary evidence is complete and accurate.

I/We will tell my/our awarding authority immediately if my/our means or circumstances change.

I/We understand that the contact details I/we have given on this form will be used solely to make further contact with me/us about this application.

I/We understood the data protection statement and I/we accept its content.

I/We consent to the disclosure of the information supplied to a person listed in the Statutory Instruments, Student Grant Scheme 2021 document for the purposes outlined in the data protection statement.

Student Dependent on Parent(s) or Legal Guardian(s):

Signature of Applicant (not block capitals)

Date

Signature of Applicant's father/legal guardian

Date

Signature of Applicant's mother/legal guardian

Date

Mature Student Dependent on Parent(s) or Legal Guardian(s):

Signature of Applicant (not block capitals)

Date

Signature of Applicant's father/legal guardian

Date

Signature of Applicant's mother/legal guardian

Date

Independent Mature Student:

Signature of Applicant (not block capitals)

Date

Signature of Applicant's spouse/civil partner/cohabitant

Date

Warning: If you, your parent(s), legal guardian, spouse, civil partner or cohabitant, as applicable, knowingly leaves out relevant information or provides information that is false or misleading, you are guilty of an offence and will be prosecuted. Such prosecution may lead to a fine, a prison term or both. Details of offences and penalties are set out in section 23 of the Statutory Instruments, Student Grant Scheme 2021 document.

Appendix 1

Teagasc Student Maintenance Grant Application Form 2021/2022

2020 Statement of Social Benefits

This statement must be completed and certified by the
Department of Social Protection.

Name of Claimant: _____

Type of Payment(s): _____

Gross amount received in 2020 (1st January – 31st December): _____

Amount Qualified Adult Allowance received if applicable: _____

Amount Child Dependent Increase if applicable: _____

Date the payment(s) started: _____

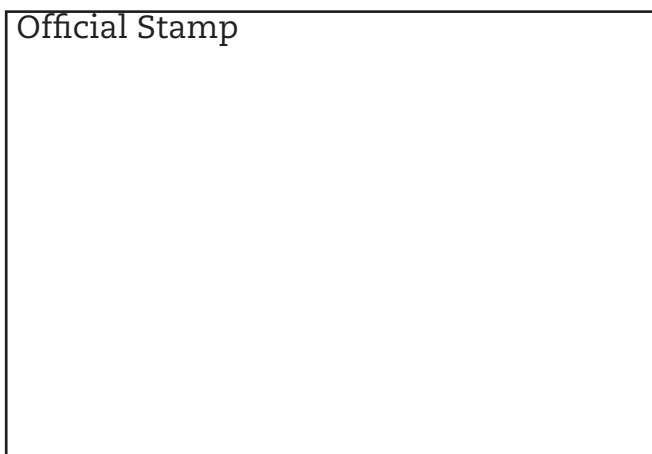
Date the payment(s) ceased: _____

I hereby certify as correct the above information in connection with the named claimant.

Signed: _____

Date: _____

Official Stamp

A large rectangular box with a black border, intended for an official stamp. The text "Official Stamp" is written in the top left corner of the box.

Appendix 2

Disposal of Assets or Rights Table

If you, your parent(s), legal Guardian(s), spouse, civil partner or cohabitant, as applicable, received income from the disposal of assets or rights in 2020 (other than the exceptions listed below), you will need to complete the Disposal of Assets or Rights table detailing the gain or loss which arose.

The amount to be included for reckonable income for each disposal is the actual gain or loss divided by the number of years for which the asset or right was held.

Losses arising from the disposal of an asset can be offset against all other sources of income in the reference period.

You must give details of all gains and losses on the disposal of assets or rights, whether or not they were exempt from Irish Capital Gains Tax or a foreign equivalent.

The exceptions are:

- The disposal of a principal private residence except where the sale price reflects development value.
- In the case of an independent mature student:
 - Disposals between and applicant and his or her spouse, civil partner or cohabitant.
 - Disposals from an applicant or his or her spouse to their dependent children.
- In the case of all other applicants:
 - Disposals between parent(s) or legal guardian(s).
 - Disposals from parent(s) or legal guardian(s) to an applicant.
 - Disposals from parent(s) or legal guardian(s) to their dependent children.

This table can be completed by your accountant or financial advisor.

Disposal of Assets or Rights Table

	Name of person who disposed of the asset or right?	
	Description of the asset or right?	
A	Date of disposal of asset or right	
B	Date of acquisition of asset or right	
C	Original cost of asset or right	
D	Enhancement Expenditure	
E	Total cost (C+D)	
F	Disposal price of asset or right	
G	Incidental costs of disposal	
H	Net disposal price (F-G)	
I	Gain/loss on disposal (H-E)	
J	Number of years held (A-B)	
K	Reckonable gain/loss (I/J)	

Appendix 3

Gifts and Inheritance Table

If you, your parent(s), legal guardian(s), spouse, civil partner or cohabitant, as applicable, received gifts or inheritances in 2020, you must complete a **Gifts and Inheritance Table**.

We need details of all gifts and inheritances even if you did not have to report them to the Revenue Commissioners for Capital Acquisitions Tax purposes.

The only exceptions are:

- In the case of an independent mature student, gifts and inheritances between the applicant and his or her spouse, civil partner or cohabitant.
- In the case of all other applicants:
 - Gifts and inheritances between parent(s) or legal guardian(s).
 - Gifts and inheritances to the applicant from his or her parent(s) or legal guardian(s).

This table can be completed by your accountant or financial advisor.

Gifts and Inheritance Table

To be completed in relation to gifts and inheritance received between the 1st of January, 2020 to the 31st of December, 2020.

- Disponer – The person who was the source of the particular gift or inheritance
- C.A.T – Capital Acquisition Tax

Name of the recipient of gift or inheritance		
Disponer Name		
Relationship of disponer to recipient		
Date of gift or inheritance		
C.A.T. file number (if any)		
Description of gift or inheritance		
A	Market value of gift or inheritance	
B	Liabilities and costs (if any)	
C	Consideration (if any)	
D	Value before C.A.T. (A-B-C)	
E	C.A.T paid (if any)	
F	Net value (D-E)	

2020 Statement of Holiday Earnings

This form must be completed, signed and stamped by your employer in 2020.

A deduction of up to a maximum amount of €4,500 may be applied to student holiday earnings outside of term time. Outside of term time earnings are defined as two weeks at Easter, up to a maximum of twelve weeks during the summer months of June, July and August and two weeks at Christmas.

Applicant Name:	Applicant PPSN:
Employer Name:	Employer Address:

Please enter the details of holiday earnings below.

Time Period	Week Number	Week ending (DD/MM/YYYY)	Amount €
Easter week 1			
Easter week 2			
Summer week 1			
Summer week 2			
Summer week 3			
Summer week 4			
Summer week 5			
Summer week 6			
Summer week 7			
Summer week 8			
Summer week 9			
Summer week 10			
Summer week 11			
Summer week 12			
Christmas week 1			
Christmas week 2			
		Total	€

I hereby certify as correct the above details in connection with the employment and income of the above named.

Signature of employer:	Date:	Company stamp:

Teagasc Student Maintenance Grant 2021/2022: Application Checklist

Before posting your application, please ensure that you have:

All applicable sections completed in full by the applicant, parent(s), legal guardian(s), spouse, civil partner or cohabitant; where appropriate.

The declaration on page 31/32 signed by the applicant and, where applicable, the parent(s), legal guardian(s), spouse, civil partner or cohabitant.

Provided a working email address which Teagasc will use for verification and communication purposes.

Outlined clearly which college you will be attending.

Specified clearly which category of applicant you belong to – Student dependent on parent(s)/legalguardian(s), Mature student dependent on parent(s)/legal guardian(s), Independent mature student.

Included a copy of your long form birth certificate.

Provided proof of residency for three of the last five years i.e. a copy of your Leaving Certificate results or financial documents for those years.

Included full details of all dependent children and provided additional information on those dependent children who will be attending further or higher education in the 2021/2022 academic year.

Provided all documentary evidence, as outlined in the application, with regard to reckonable income of the applicant, parent(s), legal guardian(s), spouse, civil partner or cohabitant; where appropriate.

Included all other supplementary documentation required according to the Guidance Notes for Completing the Student Grant Application Form 2021/2022.

Please note that Teagasc Colleges and Centres are not in a position to answer queries on the Teagasc Student Maintenance Grant Scheme.

All queries should be directed to: teagascmaintenancegrant@southwestern.ie or 0818 161 000

Fully completed applications and supplementary documentation must be sent to: Teagasc Maintenance Grant, PO Box 46, Clonakilty, Co. Cork, P85 FV48.

CLOSING DATE: 1st October, 2021