Please complete this Income Declaration Form and upload to your Cothrom na Féinne Scholarship application on SISWeb by the deadline.

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| **Section 1: Personal Information** | |
| First name: |  |
| Surname: |  |
| Category of Candidate:  **Please see Information on completing the Income Declaration Form for guidance on the relevant documents to submit.** | Choose an item. |
| Are you: | Choose an item. |
| On 1st January 2024, which category best described you: | Choose an item. |

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| **Section 2: Indicator of Financial Need** | |  |  |
| **Indicator of Financial Need** | **Required Document** | |  |
| **Please Tick which document you are using to demonstrate financial need** | | | **√** |
| In receipt of SUSI | Letter from SUSI confirming eligibility for current academic year | |  |
| Entered UCD via HEAR pathway | Letter/Email confirming HEAR eligibility | |  |
| Other | If **you do not** have a letter from SUSI or HEAR confirming your eligibility you must submit financial documentation for 2023 (full year).  Appropriate documents are:  P21/Statement of Liability for 2023 or Chapter 4 Notice of Assessment for 2023 and/or  Statement from the Department of Employment Affairs and Social Protection noting payments for 2023 | |  |

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| **Section 3: Personal Financial Details** | | | | |  |
|  | **Candidate** | **Mother or Legal Guardian** | **Father or Legal Guardian** | **Spouse or Partner** | **Required Document** |
| Employment Status | Choose an item. | Choose an item. | Choose an item. | Choose an item. |  |
| Other (please specify) |  |  |  |  |  |
| Were you employed in 2023 on a full-time, part-time or temporary basis? | Choose an item. | Choose an item. | Choose an item. | Choose an item. | **Employee:**  Statement of Liability (formerly P21) for 2023  **Self-Employed:** Chapter 4 Notice of assessment for 2023 |
| If Yes, enter the gross income from all employment | € | € | € | € |  |
| Did you receive any means-tested social welfare payments in 2023? | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Social Welfare Statement for 2023 |
| If Yes, list the names payment(s) and total gross amount received from 1st January 2022 – 31st December 2023 |  |  |  |  |  |
| € | € | € | € |  |
| Did you receive any other income in 2023 from any other sources not mentioned above? E.g. Redundancy payment, gift, inheritance, etc. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |  |
| If Yes, please provide details and enter the total gross amount received |  |  |  |  |  |
| € | € | € | € |  |

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| **Section 4: Details of Dependents** | | | | |
| List details of other dependents of your parent(s)/guardian(s), or if you are applying as an independent mature candidate, list your own dependents  A **dependant** includes: a sibling under the age of 16 years on 1 October 2023, a sibling over the age of 16 years on 1 October 2023 who is either: attending post primary education, attending a full-time course in FET or higher education | | | | |
| Surname | First Name | Date of Birth | School/College Attending | Relationship to Candidate |
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| **Section 5: Additional Information** |
| Please use the space below to provide any further information you consider relevant to your application |
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