

Number of children in your family: _____

Number of children in full time education: _____

Are you in receipt of any social welfare payments: Yes []

No []

Please indicate the type of payment: _____

Weekly amount of payment: _____

Total weekly household income: _____

Please state in simple terms why you need the support from this scheme:

Signature Parent/Guardian

Date

Please note we may need further information to process your application and therefore, may be in contact with you.

All information supplied is strictly private and confidential.

If you would like to submit any documents to support your application, please clearly mark as "Free Book Scheme Application"

and return to John the Baptist Community School, Hospital, Co Limerick.