**APPLICATION FOR GRANT TOWARDS PURCHASE OF NEW SCHOOL BOOKS**

Parents may apply for aid for the purchase of school books if any of the following circumstances apply:

1. **Parents unemployed or income deprived from Social Assistance**
2. **Widowed, Single or Separated Parent.**
3. **Financial difficulties caused by disability or serious long-term illness.**

**Holders of a Medical Cards are not automatically entitled to the book grant but the card number may be used as evidence of one of the above circumstances.**

Are you the holder of a current Medical Card? Yes ( ) No ( )

If “Yes”, please state Medical Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I wish to apply for the grant towards the purchase of school books. I feel I am

entitled to the grant for the following reason(s):

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Parents’/Guardian Occupation; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number and age of Children living at home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I certify that the information is correct and I hereby make application for a grant on

behalf of my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please enclose receipts of books purchased with this form**

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent/Guardian

**Closing date for receipt of forms and original receipts of purchase: 30th September, 2024**