



## **PRESENTATION SECONDARY SCHOOL, WEXFORD.**

### **1<sup>ST</sup> YEAR SPORTS SCHOLARSHIP**

#### **APPLICATION FORM**

##### **SELECTION CRITERIA**

- 5 successful candidates will be chosen from our incoming 1<sup>st</sup> year cohort.
- Applicants must demonstrate a record of excellence in their sporting field.
- Team sport applicants should have at least a record of county experience to be applicable, if more than one, referees should be contacted to ascertain level.
- Individual sport applicants should have at least a record of achieving success at county/regional level.
- Merits of shortlisted applications to be discussed by the Scholarship Application Committee.
- Scholarships will be reviewed annually, taking into consideration their commitment to sporting life at the school, and their general behaviour in line with our Code of Behaviour policy.
- Application forms to be returned to – [applications@preswex.ie](mailto:applications@preswex.ie)
- Date for submissions of application forms – Friday 2<sup>nd</sup> May 2025

##### **APPLICANT INFORMATION**

<b>FULL NAME</b>	
<b>DATE OF BIRTH</b>	
<b>ADDRESS</b>	
<b>PARENT/GUARDIAN NAME</b>	
<b>PARENT/GUARDIAN EMAIL</b>	
<b>PARENT/GUARDIAN NUMBER</b>	
<b>CURRENT PRIMARY SCHOOL</b>	

## SPORT INVOLVEMENT

<b>SPORT (S)</b>	
<b>CLUB (S)</b>	
<b>LENGTH OF TIME PLAYING THE SPORT</b>	
<b>REPRESENTATIVE TEAM (S)</b>	

## STATEMENT

*Can you highlight your achievements and any representative success at county, national or international level.*

**Bullet Points Only.**

<b>SPORT</b>	<b>GRADE</b>	<b>ACHIEVEMENTS (PBS)</b>

## REFERENCES

Please list two referees we can contact to support your application. They should be a coach, mentor in your sporting area. Please inform the two people that the school will make contact in relation to this application.

<b>NAME</b>	
<b>ROLE</b>	
<b>HOW LONG DO YOU KNOW THIS PERSON</b>	
<b>TEAM</b>	
<b>EMAIL ADDRESS</b>	
<b>PHONE NUMBER</b>	

<b>NAME</b>	
<b>ROLE</b>	
<b>HOW LONG DO YOU KNOW THIS PERSON</b>	
<b>TEAM</b>	
<b>EMAIL ADDRESS</b>	
<b>PHONE NUMBER</b>	

## DISCLAIMER & SIGNATURE

If this application leads to the awarding of a sports scholarship, I understand that this is subject to an annual review based on commitment to school activity and in accordance with our behavior policy.

<b>PARENT/GUARDIAN NAME BLOCK CAPITALS</b>	
<b>SIGNATURE</b>	
<b>DATE</b>	