

Section 1 *Personal Details*

First Name(s): _____ Surname: _____
 Date of Birth: _____ Age: _____
 Home Address: _____

 Telephone Home (Consistently) _____ Mobile _____
 CIT E-mail address _____@mycit.ie

**AFFIX
PHOTO
HERE**

All applications
MUST be
accompanied by a
passport photograph

Section 2 *Academic Details*

Current Course: _____ Year of Study: _____
 Head of Department: _____ Year Co-Ordinator: _____
 CIT Student ID Number: R00 _____

Did you pass all exams in Semester 1 & Semester 2 over the 2017/18 academic year? Yes / No

If **yes**, Circle award received Pass by Compensation / Pass / Merit / Distinction

If **no**, Did you sit and pass repeat exams? Yes / No

Are you repeating any subjects this year? Yes / No

Please fill in the full academic history on the attached table since leaving second level education.

Academic year (i.e. 2018/2019)	College and Campus (i.e. CIT)	Course & Code (i.e. Construction Management, CR5721)	Year of course (i.e. 1 st , 2 nd , etc)	Level (i.e. NFQ, FHEQ, NQF or other level)	Comments (i.e. received award, repeat and attending, exams only repeat, working)

Section 3 *Sporting Details*

Sport for which you are applying: _____
Current Club: _____ Coach Name: _____
State club competition season: From (month) _____ To (month) _____
State weekly frequency of your training commitments with:
Club _____ College _____ Personal training _____
Individual Sport State Event: _____
Personal Best/Rank/Handicap: _____
Team Sport State preferred playing position: _____
List other sports in which you participate or have an interest: _____
Are you a previous recipient of a CIT Sports Scholarship? Yes / No
If **yes**, what year(s)? _____
Did you assist in the running of your CIT Club in previous years? Yes / No
If **yes**, state your role: _____

Section 4 *Injury / Illness*

Previous Injuries

Any injury/illness that prevented or curtailed you from competing in the past two years? Yes / No

If **yes**, state the type of injury/illness: _____

Time lost from training/competition: _____

The Name of Doctor/Physiotherapist involved in your treatment _____

Current Condition

Have you any injury/illness that will affect/curtail your forthcoming college season? Yes / No

If **yes**, state the type of injury/illness? _____

Section 5 *Intervarsity Representation*

Did you represent CIT in all the competitions last year? Yes / No

If **yes**, state competitions entered and results _____

Did you participate in training with the relevant college team? Yes / No

If **yes**, state training day(s) _____

Are you available to train and represent CIT in your chosen sport for the coming year 2018/2019? Yes / No

Section 6 *Sporting Achievements*

Circle the levels at which you have participated in for your chosen sport?

Club County Provincial Country

Please list your **highest** sporting achievements with the **most recent** first

2018	1)	
	2)	
	3)	
2017	1)	
	2)	
	3)	
2016	1)	
	2)	
	3)	
Other	1)	
	2)	
	3)	

Section 7 *Performance Goals*

Express as selections/rankings and or medals

Short Term Please state your performance goals (aims/ambitions) for the coming season?

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Long Term Please state your performance goals (aims/ambitions) in the long term?

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Support What areas of support do you think would assist you in achieving your goals?

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Section 8 *Funding*

(i) Are you in receipt of any **sports funding** (grant, scholarship, sponsorship) at present? Yes / No

If **yes**, Source _____ Total Amount € _____ Duration _____

(ii) Are you applying for a Scholarship from another source? Yes / No

Munster Council / Other *please state* _____

(iii) Do you receive **expenses** from your Club/County? Yes / No

If **yes**, please give details _____

(iv) Are you on a **paid contract** with any other team outside CIT? Yes / No

If **yes**, Source _____ Total Amount € _____ Duration _____

Section 9 *Current Employment Details (If consistent)*

Name of Employer: _____ Type of Work _____

Employment Dates From _____ To _____ Approx. Hours per week _____

Section 10 *Referees*

Please supply the name, official position and contact details of two people who can provide references in support of your application for a CIT Sports Scholarship

1. Name: _____ Position: _____

Address: _____

Email: _____ Tel No: _____

2. Name: _____ Position: _____

Address: _____

Email: _____ Tel No: _____

Section 11 *Further Information*

In no more than 300 words please state what contribution would you be willing to make to your CIT club if you were chosen as a Scholarship Recipient for the coming academic year. *(The information provided in this statement will form part of the CIT Bursary Board's assessment of your application and should include your strengths & experiences that you feel will contribute to the CIT Club).*

Please continue on a separate sheet if necessary

GDPR

The Institute requires to process and retain personal data relating to you as an applicant for the Cork Institute of Technology Sports Scholarship. The Institute will, in compliance with the GDPR, respect the confidentiality of your data and implement appropriate technical and organisational measures to prevent unauthorised disclosure. We advise that you should read the GDPR Student Data – Privacy Notice 24 May, 2018 <http://www.mycit.ie/viewNews?id=585> This Data Protection Notice explains how the Institute collects, uses and shares personal data relating to your application. It also explains your rights under data protection law in relation to our processing of your data.

Declaration

Having read the Criteria of Eligibility and understanding the terms and conditions of receiving a Cork Institute of Technology Sports Scholarship,

I _____ declare that to the best of my knowledge and belief that the foregoing particulars given in my application form are true and accurate

Signed: _____ Date: _____

PLEASE NOTE

Completed forms including passport photograph should be returned to;

Scholarship Application, Sports Office, Cork Institute of Technology, Bishopstown, Cork

on or before **5pm on Tuesday 25th September 2018**

Late applications will not be considered. If you have any further queries, please contact the CIT Sports Dept on 0214335767. It is in your own interest to carefully read the attached conditions, governing sports scholarship recipients.

Canvassing will disqualify