

Please affix passport-sized photo here with your name printed clearly on the back.

GAA Higher Education

Bursary Application Form 2025/26

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Home Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Club: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Higher Education College you attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course Duration: \_\_\_\_\_\_

Year of Course: \_\_\_\_\_\_\_\_\_\_\_ Course Level: \_\_\_\_\_\_\_\_

Student I.D. Number: \_\_\_\_\_\_\_\_\_\_\_\_\_ Full Time Student: Yes No

Are you an active member of your College GAA Club: Yes No

**Code:**



Gaelic Football: Hurling: Dual:



Handball:

Camogie: Ladies Gaelic Football: Dual:

Are you currently in receipt of a Sports Scholarship/Bursary from any other body?

Yes: No:

I wish to confirm that all information provided in this document is true and accurate.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Details of Playing Career to date:

Club:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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County:

County:

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College:

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Other:

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Are you an actively involved as an Administrator/Coach with your College GAA Club:

Yes: No:

Details of involvement as Admin/Coaching to date:

Club:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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County:

County:

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College:

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Other:

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Do you currently hold a GAA Coaching Qualification? Yes: No:

Foundation: Hurling: Football:



Award 1/Level 1: Hurling: Football: 

GAA HIGHER EDUCATION BURSARY APPLICATION FORM 2025/26

To be completed by College Registrar only:

I wish to confirm that, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is a registered full time student, in (name of applicant)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(name of college).

*I wish to confirm that the above named is a student in good standing of this Educational Institution and is enrolled in a fulltime higher education course (60 credits); I also confirm that the above named is not in receipt of a Bursary, Grant or any other form of financial support from this institution*

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (College Registrar).

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

 College stamp

To be completed by College GAA Club:

(to be completed by either, Club Chairman/Secretary or Games Development Officer).

I wish to confirm to confirm that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is not in receipt of a Sports

 (name of applicant)

Scholarship/Bursary award from this college.

I wish to confirm that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is an active member of our College

 (name of applicant)

GAA Club.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

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

Senior Inter County Players who were members of the GPA in 2025 should apply for bursaries at [*www.gaelicplayers.com*](http://www.gaelicplayers.com) only

**All applications to be sent to;**

Postal address: Connacht GAA Centre, Cloonacurry, Bekan, Claremorris, Co. Mayo

Email: reception.connacht@gaa.ie

**CLOSING DATE FOR APPLICATIONS –**

**October 31st, 2025.**

(no applications will be accepted beyond this date).