

**LIMERICK COUNTY COUNCIL**  
**Special Rate of Maintenance Grant 2011/2012**

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

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

Date of Birth: \_\_\_\_\_ Ref No \_\_\_\_\_

**Please note Income for Special Rate of Maintenance Grant must  
not exceed €22,703.00**

**Category of Applicant [Tick one only]:**

- Candidate assessed on parent(s)/guardian(s) income
- Mature Grantholder assessed on parent(s) income
- Mature Grantholder assessed on own income
- Mature Grantholder assessed on income of spouse/partner

**I wish to apply for the Special Rate of Maintenance Grant for the academic year 2011/2012 and confirm the following:**

1. I have applied for the ordinary higher education grant for the academic year 2011/2012 and have included with that form the relevant information/documentation pertaining to my Special Rate of Maintenance grant application.
2. I confirm that my income/parents/spouses income [whichever is applicable] for the tax year 1/01/10 – 31/12/10 net of standard exclusions is under **€22,703 (Please note One Parent Family and Back to Education Allowance are no longer exempt payments only when paid to Candidate)**
3. I confirm that I/ my parents/spouse [whichever is applicable] is in receipt of an eligible payment. See Appendix III of Higher Education Grant Scheme relating to Special Rate of Maintenance Grant.

**Signature of Candidate:** \_\_\_\_\_

**Signature of Candidate's  
Parents/Guardians:** \_\_\_\_\_

**Signature of Candidate's  
Spouse/Partner [if applicable]** \_\_\_\_\_

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

**IMPORTANT:**

**Supporting Social Welfare Documents to be submitted with Application. The statements should indicate whether a Qualified Adult Allowance is payable and, if so, the amount. The statement should also indicate, if applicable, the number of Child Dependent Increases paid and the rate of allowance. Please note this does not refer to Child Benefit (Children's Allowance).**