Early University Entrance Semester 2





Application Form

PLEASE TYPE OR PRINT LEGIBLY IN INK. BE SURE TO COMPLETE ALL INFORMATION

Student Information

| First Name: | Last Name: | | Middle | e Initial: | CTYI Student Number: |
|------------------------------------|-----------------------------|------------------------------------|--------------------|----------------------------------------------------------|-------------------------|
| Age: | Date of Birth (dd/mm/yyyy): | | Gende | er: | |
| Home Address: | | | | | Eircode: |
| Home Phone #: | Student Mobile #: | | Stude regularly | Student Email: (You should check this account regularly) | |
| Family Informatio | n | | | | |
| Parent/Guardian 1 | | Parent | /Guard | lian 2 | |
| Full Name: | | Full Na | me: | | |
| Relationship to Student: (| eg Mother/Grandparent) | Relatio | nship to | Student: | (eg Mother/Grandparent) |
| Address (if different to student): | | Address (if different to student): | | | |
| Home Phone #: | | Home F | Phone #: | : | |
| Mobile Phone #: | | Mobile Phone #: | | | |
| Work Phone #: | | Work Phone #: | | | |
| Email (please PRINT): | | Email (Please PRINT): | | | |
| Who is/are the Cu | stodial Parent(s)? | | | | |
| Parent/Guardian 1 | Parent/Guardian 2 | Во | th | Other: | |

Eligibility Information

CTYI Assessment History (please circle all that apply)

Please indicate your eligibility for CTYI programmes in the past. Eligibility for participation in the Early University Entrance Programme is partly based on academic results.

| CTYI Young Student (age 6-13) | | | | | |
|----------------------------------------------------------------|------------------|-----------------|--------------------------|--|--|
| CTYI Older Student (age 12-17) | Verbal Qualifier | Maths Qualifier | Verbal & Maths Qualifier | | |
| CAT Older Student (age 12-17) | Verbal Qualifier | Maths Qualifier | Verbal & Maths Qualifier | | |
| Qualified based on a submitted Psychological Report Assessment | | | | | |
| I have never attended CTYI courses | | | | | |

Awards and Activities Information

| CTYI Courses Please list the courses you have previously taken with CTYI, CAT, or Summer Scholars including the year. |
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| |
| Academic Honours |
| Briefly describe any academic honours or distinctions you have earned since the beginning of first year, at your school or otherwise. If necessary, please attach additional information on a separate sheet. |
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Junior Cert Results

| Subject | Level | Grade |
|---------|-------|-------|
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School Information

| | School Phone #: | School R | oll #: |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------|
| Name of the Principal: | Name of the | Name of the TY Coordinator: | |
| Are you currently in TY? | l l | Yes 🗆 | No 🗆 |
| Is this the only secondary school y | ou ever attended? | Yes 🗆 | No |
| If no, what school(s) did you atten | d previously? | | |
| What years did you attend this sc | nool? | | |
| Have you ever been suspended, ex from any of the schools you attend | | Yes | No |
| Additional Needs | | | |
| Do you have any additional educa (This will not affect your application | | Yes | No 🗆 |
| If yes, please provide some details | | | |
| If you have any specific medical ne (This will not affect your application If yes, please provide some details | | Yes 🗆 | No 🗆 |
| ,, | | | |
| Do you carry an Anapen or Epiper reactions? | : | c Yes 🗆 | No 🗆 |
| Do you carry an Anapen or Epiper | : n or equivalent, for serious allergion | | |
| Do you carry an Anapen or Epiper reactions? Please provide details of any medice.g. for asthma, diabetes, etc.) | : n or equivalent, for serious allergionications/treatment that you will be | pe taking during | g the EUE programme |
| Do you carry an Anapen or Epiper reactions? Please provide details of any medi | or equivalent, for serious allergic ications/treatment that you will be plogist, psychiatrist or counsellor | pe taking during | |
| Do you carry an Anapen or Epiper reactions? Please provide details of any medice.g. for asthma, diabetes, etc.) Are you under the care of a psychological process. | or equivalent, for serious allergications/treatment that you will be blogist, psychiatrist or counsellor? | Yes Yes | no No |
| Do you carry an Anapen or Epiper reactions? Please provide details of any medice.g. for asthma, diabetes, etc.) Are you under the care of a psychology and the control of | or equivalent, for serious allergications/treatment that you will be blogist, psychiatrist or counsellor? If for behavioural issues? | Yes Yes | no No |

EUE Subject Preference

Please only list course preferences for courses you would be happy to attend. Where courses are oversubscribed, students will be assigned their 2nd, 3rd, etc. preferences.

Please choose alternative course choices carefully.

Please indicate your preference in order of 1, 2, 3, etc., where 1 indicates your first preference.

| Early University Entrance Biology |
|---------------------------------------------------|
| Early University Entrance Chemistry |
| Early University Entrance Computer Science |
| Early University Entrance Engineering |
| Early University Entrance International Relations |
| Early University Entrance Law |
| Early University Entrance Maths |
| Early University Entrance Philosophy |
| Early University Entrance Physics |
| Early University Entrance Psychology |
| Early University Entrance Sports Science |
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It is strongly recommended that you only list courses that will be accepted if the student does not receive their 1st choice, as **CTYI will not refund the registration fee if a place is offered on a preference course but rejected.**

Letter of Motivation

| Please explain your motivations in applying for a place on the Early University Entrance Programme. You may wish to consider the following questions in your response: Why do you think you would be a suitable candidate? What would a place on the Programme mean to you? How would a place on this Programme help you to achieve your academic and personal goals? Tell us about your interest in the subjects(s) you are applying for. |
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DCU Performance Sport Scholarship Application Form

DCU supports the holistic development of talented athletes and recognises their increasing need to successfully balance both academic and sporting commitments. DCU facilitates this vision through the Sports Scholarship Programme.

We are delighted to announce the collaboration between CTYI EUE and DCU Sport to provide **full scholarship** for students with high sporting achievement, taking part in the EUE programme.

| First Name: | Last Name: | Date of Birth | | | |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--|--|--|
| | | | | | |
| Please indicate your sport: (circle) | | | | | |
| Athlet | ics Basketball GAA Rugby Soco | er Other: | | | |
| Current Club, Team and Playing Po | osition: | | | | |
| Highest Level of Representation: (| please only circle one) | | | | |
| International 1 | National Provincial County School | ols Other: | | | |
| | List your sporting achievements in the last 3 years: include competitions won, representative honours, personal bests, awards etc. | | | | |
| What are your sporting aims for th | ne next 4 years: | | | | |
| Personal Statement (between 200 - 500 words. This sho separate sheet if necessary) | uld include a brief explanation of your | academic goals. Attach as | | | |
| Contact details of your first Refere (name, title, phone number and em | | | | | |
| Contact details of your second Ref (name, title, phone number and em | | | | | |

CTYI Scholarship Application Form

CTYI offers one full or multiple partial scholarships to students applying for any of the courses being offered on EUE. Scholarships will be awarded by **CTY Ireland** on the basis of need and merit (academic achievement and age) and/or personal circumstances.

This form must be filled in by the student or parent or legal guardian but must be signed by both parties. All information provided on this form, and all correspondence in connection with the application will be treated in strict confidence by CTYI.

| First Name: | Last Name: | Middle Initial: | CTYI Student #: |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| Number of dependents in your fam | nily: | | |
| Home Address: | | | |
| Previous courses at CTYI and year | : | | |
| Other awards and scholarships red | ceived (year and amoun | t): | |
| | | | |
| In order to be considered for this schorequested. Normal registration proced the student awarded the scholarship if applying for a scholarship it is prefeto refund if you are successful. To appapplication form) will be considered. All scholarship applicants will be noti | edures outlined in the EU o will be refunded the tuit erable to pay the registra oly for this scholarship, th | E Application Form must also ion deposit paid at registration fee of €200 by credit/debe e student's first course choice | be followed. on. For this reason, oit card as it is easier |
| Interested students or parents must achievements and/or personal circun | write an accompanying l | etter stating the full reasons | |
| Applications received without an ac | companying letter WILL | NOT BE CONSIDERED. | |
| I certify that the information given or | n this form is correct. | | |
| Signature of Student | | | |
| Signature of Parent or Legal Guard | Jian 1 Signature o | f Parent or Legal Guardian 2 | Date |

If parents/guardians are cohabiting, then only one signature is needed.

If parents/guardians are separated/divorced and there is joint custody, then both signatures are required.

Parent/Guardian Consent Form

This statement must be read carefully. It must be signed and dated by the applicant's parents or legal guardians.

I understand and accept that the personal data relating to the applicant provided on this form will be used by CTYI for the purposes of processing this application for this course. This personal data will be retained until your child reaches the age of 21 years old and then destroyed. CTYI will be the data controller in respect of such personal data. For further information on CTYI's data processing, including your data protection rights, please see our website: www.dcu.ie/ctyi/CTYI-Policies.shtml

I have read the materials describing the 2024-25 Early University Entrance Programme at Dublin City University, including the preceding statement signed by my child, and I approve my child's application for admission. I understand that I am responsible for any loss, damage or injury sustained by third parties as a result of the willful activities or negligence of my child. I understand that I will be responsible for the cost of repairing or replacing any property that my child damages on the university campus.

I understand that although CTYI can assist my child in planning their future education, I will be fully responsible for mediating between my child and their school in order to gain credit and/or placement on the Early University Entrance Programme.

I understand that I may be asked permission for my child to be videotaped, photographed, interviewed, and/or have a sample of their work published. I understand that CTYI will exercise discretion regarding media content and will contact me in advance to give me notification.

I understand that all information conveyed in correspondence with the Programme will be treated sensitively and professionally and that confidentiality is assured.

I am aware that there may be some follow up research (questionnaires, interviews, focus groups etc.), but that I have the option to not participate.

I understand that this Programme is arranged by the Centre for Talented Youth, Ireland and therefore my relationship is with them, and not with Dublin City University.

I designate the person named below to act on my behalf and to receive my child if I cannot be contacted in case of expulsion. I understand that this person WILL be contacted should an emergency arise and/or in the case of a breach of rules or expulsion if I cannot be contacted.

I understand that my child is not entitled to participate in end of semester examinations if they are expelled before the end of the semester.

I understand that my child will be unsupervised for long periods during their participation on the Early Entrance Programme. I understand that I am liable for the programme fee should my child be successful.

| If parents/guardians are cohabiting, t If parents/guardians are separated/d | | | ıre required. |
|--------------------------------------------------------------------------------|--------------------------------|-------------------------|---------------|
| Signature of Parent or Legal Guardia | n 1 Signature of Pare | ent or Legal Guardian 2 | Date |
| Emergency Contact (if custodial paren | t/s or legal guardian is unavo | ailable): | |
| | | | |
| Name of Emergency contact | Mobile # | Home # | |

Student Consent Form

This statement must be read carefully. It must be signed and dated by the applicant.

I understand and accept that the personal data relating to the applicant provided on this form will be used by CTYI for the purposes of processing this application for this course. This personal data will be retained until your child reaches the age of 21 years old and then destroyed. CTYI will be the data controller in respect of such personal data. For further information on CTYI's data processing, including your data protection rights, please see our website: www.dcu.ie/ctyi/CTYI-Policies

I have read the materials describing the 2024-25 Early University Entrance Programme at Dublin City University. I understand that I must notify my local school of my intended educational programme. I fully understand that my eligibility for the Programme is based on SCAT/PSAT scores, or relevant academic achievements.

If accepted, I will follow the guidelines and rules established for all aspects of the Programme. I realise that if I do not, I may be required to leave the Programme, and furthermore, that this may affect my relationship with CTYI in the future.

I understand that I will be unsupervised for long periods while participating on the Early Entrance Programme. I give the programme access to my academic records at CTY Ireland.

I understand that this Programme is arranged by the Centre for Talented Youth, Ireland and therefore my relationship is with them, and not with Dublin City University.

This form must be filled in by the student or parent or legal guardian but must be signed by both parties. All information provided on this form, and all correspondence in connection with the application will be treated in strict confidence by CTYI.

| Signature of Student | Date | - |
|----------------------|------|---|



Fee Payment Form

Payment may be made by credit or debit card. Cash is not accepted.

The registration fee of €200 is required with application. Fees may be paid in full (€900) if desired.

Online Card Payment

€20

€10

€30

€50

€100

To pay by card, go to **dcu.ie/ctyi/application-payment** where you will be able to pay through the CTYI Online Payment Portal.

- 1. From the "Programme" drop down menu, please select "Early University Entrance".
- 2. From the "Payment Item" drop down menu, please select "Classes".
- 3. Please make sure you enter the correct "Amount to Pay" as you will not be able to change it at the next step. Amount should be entered as numbers only, with no € symbol.
- 4. Once you are happy that your details are correct, click "Pay Now".
- 5. Make note of your reference number you will need this for your application form. This will also be emailed to you following payment.

PLEASE NOTE: An online payment does not constitute an application on its own, and does not guarantee a place on any programme. You MUST complete and return your application form

| Name of Card Holder: | Amount Paid: | Date of Payment: |
|------------------------------------------------------------------------------------|------------------------------|-----------------------|
| Online Reference Number (this is emailed to you after success | sful payment): | |
| Does this amount include an Access Scheme Donation: | Yes | No 🗆 |
| Cardholder Signature: | | |
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| CTYI Access CTYI endeavours to provide financial assistance to students who | o find it difficult to cover | the cost of attending |
| our programmes. If you think you may be able to donate money | to this great cause, plea | |
| boxes below. Please make one payment with the total amount in | ncluding your fees. | |

€____other

Application Checklist

| Please ensure that your application includes the following information. |
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|------|-------|-----|---------|-------|----|
| Comp | ietea | App | olicati | on Fo | rm |

- ☐ Recommendations submitted to teachers for completion
 - these should be sent to us from the teachers/school
 - (new Semester 2 students ONLY)
- □ €200 Registration Fee
- ☐ Parent and Student Consent forms signed and dated
- □ Copy of recent school grades
- ☐ Copy of Psychologist's report, if requested by CTYI

Fees

The fee for the Early University Entrance Programme is €900 per semester. Semester fees are paid in two portions:

- A €200 registration fee should accompany your application. (This is refundable, if you are not offered a place).
- The remaining €700 fee will fall due on the Friday, 10th January 2025.

Payment can be made by credit/debit card. Cash is not accepted.

Closing date for Applications Friday 29th November 2024

Post applications to:

Early University Entrance Programme CTY Ireland Dublin City University Dublin 9