

DSBA BURSARY APPLICATION FORM 2026

CLOSING DATE: Wednesday 14th October 2026
APPLICATIONS TO BE SENT TO maura@dsba.ie

Name			
Pre or Post Law Society examinations			
Whether apprenticed, and if so, where?			
Whether first or subsequent application of candidate			

SECTION 1: PERSONAL INFORMATION

CANDIDATES NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

MOBILE PHONE NO.: _____

E-MAIL ADDRESS: _____

Category of Candidate (Tick one box only)

- ☐ Candidate dependent on parents
☐ Independent Candidate

Are You:

- | | |
|-------------------------------------|------------------------------------|
| ☐ Married | ☐ Single |
| ☐ Cohabiting | ☐ Separated |
| ☐ Divorced | ☐ Widowed |

Parents address (If dependent on parents)

Candidates address

Nationality of Candidate _____

Candidates Date of Birth _____

Year of Leaving Cert _____

Candidate's PPS Number _____

Tax District _____

Occupation of Candidate _____

PERSONAL DETAILS OF CANDIDATES PARENTS/GUARDIANS (if dependent on parents):

Name of Father/Guardian _____

Name of Mother/Guardian _____

Spouse/Partner (please circle) Yes / No

Name in Full: _____

Address: _____

Telephone No: _____

PPS No.: _____

Tax District: _____

Occupation: _____

Medical Card Holder Yes / No

DETAILS OF CANDIDATES DEPENDENT CHILDREN

Please give details of children (including foster children) under the age of sixteen years on 1st October 2025 or over sixteen years attending a full time course of studies at an education institution or medically certified as permanently unfit to work.

Surname _____

First Name _____

Date of Birth _____

School/College Attended _____

SECTION 2: INCOME

Note: Please only set out details of parents where financially dependent upon them.

	Self	Spouse/Partner	Father	Mother
Occupation or if not in employment, please give most recent occupation				
Income from Employment (salary, wages, fess, etc.)				
Income from Self-Employment				
Income from pension (from former employer Or pension scheme)				
Income from land: profits from farming activities				
Rental income e.g. profits from farming activities				
Rental income e.g. profit from rental of property, land, etc.				
Income from Social Welfare – please specify type of payment and amount				

Traineeship

What salary (after tax) per month have you received from the office in which you are apprenticed?

Will your office pay you any salary while you are attending Blackhall Place?

Yes/ No

If yes, please state the amount (after tax) you will be paid per month.

Will your office pay all or part of your Blackhall Place fees?

Yes/No

If yes, please state amount.

Grants

Are you in receipt of Local Authority/ SUSI funding?

Yes/ No

If yes, please provide total amount.

If you are not in receipt of such funding, please state why.

Have you applied for any other grants, scholarships or awards?

Yes/ No

SECTION 3: EDUCATION

Educational History

Third Level: Yes / No

Educational Institution

Course Title

Year of Award

Result/Grade

What is the highest level of education achieved by your parents/siblings?

Father/Guardian

Mother/Guardian

Sibling

Sibling

Sibling

Sibling

Have you previously been part of an Access Programme? Yes / No

Education Plan Costs

What level of costs do you anticipate in relation to education

€

Living Costs (Accommodation, food etc if required to live away from home)

€

Course related (materials, books, etc)

€

Transport

€

Childcare (where applicable)

€

Fees (where applicable)

€

Other - give details: _____

€

What amount of income do you expect to receive while attending Blackhall Place

€

Source of income: _____

SECTION 4: WORK AND WORK EXPERIENCE

Please provide details of:

Work Experience

Any voluntary work experience relevant to career direction

Additional courses attended or certificates gained

Achievements and Responsibilities

SECTION 5: SUPPORTING INFORMATION

Please also provide the following:

- ☐ One form of photo identification
- ☐ Two references
- ☐ Proof of net income of self / spouse or parents
- ☐ Independent Candidate should provide proof of independent residence
- ☐ A Personal Statement of not more than 500 words setting out why a bursary should be granted to you, how the bursary would help your career and what benefit, if any, you, the legal profession and the wider community would gain from you qualifying as a Solicitor.

Please ensure your personal statement is legible and where possible typed.

SECTION 6: DATA PROTECTION

The DSBA will retain your application along with supporting documentation in order to assess applications for the bursary fund. Your personal data will be retained for a period of two years. You have the right to request access to, rectify, erase and restrict the processing of your personal data. You also have the right to revoke this consent to use your personal data. To revoke consent, please contact maura@dsba.ie

I consent to the use of my personal data that I have provided for the purposes of completing my application to the DSBA bursary fund 2026.

Signature of Candidate: _____

Date: _____