

# Early University Entrance Semester 1 Application Form

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

#### **Student Information**

First Name:	Last Name:		Middle Initial:	CTYI Student Number:	
Age:	Date of Birth (dd/mm/yyyy):		Gender:		
Home Address:				Eircode:	
Home Phone #:	Student Mobile #:		Student Email: ('regularly)	You should check this account	
Family Informat	tion				
Parent/Guardian 1		Parent	/Guardian 2		
Full Name:		Full Na	me:		
Relationship to Student:	(eg Mother/Grandparent)	Relatio	onship to Student:	(eg Mother/Grandparent)	
Address (if different to st	udent):	Addres	s <b>s</b> (if different to st	udent):	
Home Phone #:		Home I	Phone #:		
Mobile Phone #:		Mobile	Phone #:		
Work Phone #:		Work Phone #:			
Email (please PRINT):		Email (Please PRINT):			
Who is/are the Please circle:	Custodial Paren	t(s)?			
Parent/Guardian 1	/Guardian 1 Parent/Guardian 2 E		oth Other:		

If parents/guardians are cohabiting, then only one signature is needed on this application form.

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



## **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 <b>submitted Psyc</b>	chological Report Asse	ssment	
I have <b>never attended</b> CTYI courses			

Awards and Activ	rities Informat	ion		
CTYI Courses				
Please list the courses you have	e previously taken with C	TYI, CAT, or Summe	er Scholars includir	ng the year.
Academic Honours				
Briefly describe any academic at your school or otherwise. If r				
School Information	on _			
School you attend:	School Phone #:		School Roll #:	
Name of the Principal:		Name of the TY (	Coordinator:	
Are you beginning TY in Autu	ımn 2024?		Yes	No 🗆
Is this the only secondary sch	ool you ever attended?		Yes	No 🗆
If no, what school(s) did you	attend previously?			
What years did you attend th	nis school?			
Have you ever been suspende		to withdraw	Yes 🗆	No 🗆



## **Additional Needs**

		ditional educ	ational needs? ion)	Yes	No 🗆
		e some detai			
Medio	cal Nee	eds			
		ific medical ı our applicat	needs, please indicate them here.	Yes	No 🗆
	•	e some detai			
Do you co	•	pen or Epipe	en or equivalent, for serious allergic	Yes	No 🗆
	r <b>ovide deta</b> i asthma, dial		dications/treatment that you will be t	aking during	the EUE programme
Are you t	under the co	are of a psycl	nologist, psychiatrist or counsellor?	Yes	No 🗆
Have you	u ever receiv	ved treatme	nt for behavioural issues?	Yes 🗆	No 🗆
D.C.I.		_			
DCU (	Commi	ute			
Ном в	any kilor	motros au	yay from Dublin City Universi	ty do you li	ivo (approx )?
HOW III	idily Kiloi	netres aw	dy from Dubiin City Oniversi	ty do you ii	ve (approx.):
How d	o you exp	ect to co	mmute to and from DCU?		
□Bus	□Walk	□ Cycle	☐ By Car with parent/family	friend	Unsure right now
⊔ Dus	VVUIK	_ Cycle	By Car with parent, raining		Chaute right now



## **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 Business Studies
Early University Entrance Computer Science
Early University Entrance Engineering
Early University Entrance International Relations
Early University Entrance Japanese
Early University Entrance Law
Early University Entrance Philosophy
Early University Entrance Physics
Early University Entrance Psychology

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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## **CTYI Scholarship Application Form**

One full tuition scholarship is available on each of the Early University Entrance courses. This scholarship will be awarded by **CTY Ireland** on the basis of need and merit (academic achievement and age) and/or personal circumstances. This scholarship may be divided between students as partial scholarships, if necessary.

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 Init	tial: CTYI Student #:
Number of dependents in your fan	nily:		
,,,,,	,		
Home Address:			
Previous courses at CTYI and year			
rievious courses at CTTT and year	•		
Other awards and scholarships red	ceived (year and amo	ount):	
	-		
In order to be considered for this schorequested. Normal registration procently student awarded the scholarship if applying for a scholarship it is prefetorefund if you are successful. To appapplication form) will be considered.	edures outlined in the o will be refunded the erable to pay the regis	EUE Application Form mus tuition deposit paid at regis tration fee of €200 by credi	et also be followed. stration. For this reason, it/debit card as it is easier
All scholarship applicants will be noti	fied by post of the ou	tcome of their applications.	
Interested students or parents <b>must</b> achievements and/or personal circur			
Applications received without an ac	companying letter W	ILL NOT BE CONSIDERED	).
I certify that the information given o	n this form is correct.		
Signature of Student			
Signature of Parent or Legal Guard	dian 1 Signatu	re of Parent or Legal Guarc	dian 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.



## E V E R S H E D S S U T H E R L A N D

## Law Scholarship Application Form

An Irish law firm with global vision.

Eversheds Sutherland LLP is Ireland's only full-service, global law practice with an all-island presence and multidisciplinary expertise.

We are delighted to announce the collaboration between CTYI EUE and Eversheds Sutherland LLP to provide **1 full scholarship** for a student applying for the Law course on the EUE programme.

First Name:	Last Name:	Date of Birth
	<u> </u>	<u> </u>
Why are you interested in a career	in law? (300 words max)	

What would securing a scholarship would mean to you? (300 words max)

**Essay Question:** 

What actions can law firms take to become more sustainable?

Please attach as a seperate page (between 500 - 1000 words)

Applications without an accompanying essay WILL NOT BE CONSIDERED.





## **Arizona Exchange Application Form**

The student attending MUST commit to two semesters of Early University Entrance and pay the total price (€1800) before Friday, 25th October 2024. CTYI will cover the cost of flights and the students will be accompanied by a member of CTYI staff flying over, and flying back. Participants are selected on a lottery system and we expect there to be 8-10 places on offer.

Full Name <b>EXACTLY AS IT APPEARS ON YOUR PASSPORT</b>				
First Name:	Last Na	me:	Date of Birth:	
Passport Expiry Date:				
I understand that, if select	ed;			
I must attend all classes and	d activities as orgar	nised by the Herberg	ger Academy.	
over, and flying back. I mu	ist be available to t mmodations canno	travel together wit	mpanied by a member of C <sup>*</sup> th the group travelling to Ph dents who are not available	ioenix, and
I will be required to pay th	e host family \$150	per week (\$450 to	tal) to cover accommodatio	on and board.
I will be assigned to a host Herberger Academy. Stu			Twilling, Executive Director the same age and gender.	r of the
Applications are open nov	w and students will	be chosen in our lo	ottery in late September 20	24.
I must have a valid Irish po scheme. Students must ne			the United States under th Inited States of America.	e Visa Waiver
Students will be required to medical conditions must be			nce before departure. Any p	ore-existing
I understand that further	details and terms	will be communica	ted to applicants in due cou	ırse.
Signature of Student				
Signature of Parent or Le	gal Guardian 1	Signature of Po	arent or Legal Guardian 2	Date
If parents/quardians are a	cohabiting then only	v one signature is n	eeded	

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.



## **Scholarship Checklist**

Before you proceed with your application, if you are applying for any scholarships please ensure that your application includes the following information.

Complete	ed App	olication	Form for	desired	schol	arship	<b>(s)</b>	)
							/	

Accompanying Letter attached

☐ Parent and Student Consent forms signed and dated





#### **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, then only one signature is needed.

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

Signature of Parent or Legal Guardian 1	Signature of Parent or Legal Guard	lian 2 Date
Emergency Contact (if custodial parent/s o	r legal guardian is unavailable):	
Name of Emergency contact M	obile # 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.

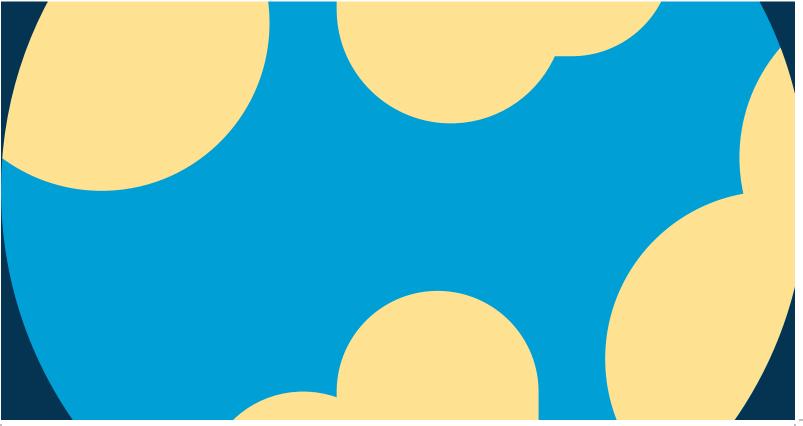
If accepted, I will follow the guidelines and rules established for all aspects of the Programme. I realise that if I do not, I may be required to leave the Programme, and furthermore, that this may affect my relationship with CTYI in the future.

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**

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 successful payment):				
Does this amount include an Access Scheme Donation:	Yes	No 🗆		
Cardholder Signature:				

#### **CTYI Access**

CTYI endeavours to provide financial assistance to students who 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, please tick one of the boxes below. Please make one payment with the total amount including your fees.

<b>€</b> 10	<b>€</b> 20	<b>£</b> 30	<b>£</b> 50	<b>€</b> 100	€	other





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## **Application Checklist**

Please ensure that your application includes the following information.

Completed Application Form
Recommendations submitted to teachers for completion – these should be sent to us from the teachers/school
€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, 2nd August 2024.

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

## Closing date for Applications Friday 17th May 2024

#### Post applications to: