

RCSI CONSILIO MANUQUE MEDICINE SCHOLARSHIP APPLICATION FORM

Please complete this application form and return via email to the RCSI Admissions Office (admissions@rcsi.ie). CAO Application Number: _____ Surname: _____ First Name: _____ Date of Birth: Nationality: _____ County: _____ City/Town: Phone (home): _____ Mobile: _____ **CRITERIA FOR APPLICATION** Please note that to be awarded the scholarship, you must: Meet eligibility to apply through the CAO as an EU applicant Apply through the CAO and list RC001 as a course choice First time sitting the Leaving Cert and HPAT exam in the same year Present the minimum entry requirements outlined at the course page; and Have resided in Ireland for at least 3 of the past 5 years and immediately preceding the year of application Submit a personal statement outlining: - Your interest in studying Medicine at RCSI - Personal strengths, experience you believe will help you to enjoy and succeed at college - Any employment, work experience, voluntary work which you consider would support your application If you have any queries please contact admissions@rcsi.ie I have read and understood the conditions above and wish to apply for the Consilio Manuque Medicine Scholarship. Student Signature: Date: _____ Parent or Guardian Signature (for students under 18 years of age)

PLEASE NOTE:

RCSI may consider interviewing additional high scoring students at its discretion.



Personal statement: