

**UNIVERSITY COLLEGE DUBLIN**  
**Scholarship Authorisation Form**

Student Name: \_\_\_\_\_ Student No: \_\_\_\_\_

Personnel No: \_\_\_\_\_ RSI/PPS No: \_\_\_\_\_

Degree for which student is registered: \_\_\_\_\_ School: \_\_\_\_\_

Commencement date of scholarship: \_\_\_\_\_

Cessation date of scholarship: \_\_\_\_\_

Annual value of scholarship: € \_\_\_\_\_ Payable in monthly instalments of € \_\_\_\_\_

Original Source of Funding/Sponsor: \_\_\_\_\_ Project A/c No: \_\_\_\_\_  
(e.g. Enterprise Ireland, Teagasc, etc.)

**On behalf of University College Dublin, I the undersigned certify that:**

- the student is in receipt of full-time instruction.
- the objective of the scholarship is solely for the promotion of the education of the student and not for the promotion of research through the student.
- the scholarship involves no element of service either directly or indirectly between the sponsor and the student.
- the award does not arise from office or employment (directly or indirectly) with the sponsor.
- the student is not obliged to carry out any duties for the sponsor either during the duration of the scholarship or after the expiry of the award.
- the sponsor does not have exclusive access to the research undertaken by the scholarship holder during the period covered by the scholarship or for a set period thereafter.
- if provided directly or indirectly by the sponsor (i.e. a body corporate, unincorporated body, partnership, individual or other body or person connected with the aforesaid) from a trust fund or scheme to persons connected directly or indirectly with the sponsor (i.e. an employee, a member of the household of an employee, a director, the spouse, family, dependents or servants of such an employee or director) not more than 25% of all payments from such fund or scheme are in respect of such scholarships.

Signature of Project Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Name in Print: \_\_\_\_\_ Ext: \_\_\_\_\_

**THIS FORM MUST BE ACCOMPANIED BY A SCHOLARSHIP EXEMPTION DECLARATION FORM AND A PAYROLL SET UP FORM – RESEARCH SCHOLARSHIPS COMPLETED BY THE SCHOLARSHIP HOLDER. FORMS SHOULD BE RETURNED TO MARY O'NEILL, ADMINISTRATIVE SERVICES - FEES AND GRANTS, UCD, BY 24<sup>th</sup> OF THE MONTH FOR PAYMENT AT THE END OF THE FOLLOWING MONTH.**

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