



RTE Credit Union Ltd

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The John Kelly Scholarship 2025/2026 Application Form

Name: _____

Address: _____

Membership No.: _____ Contact Number: _____

Name of Third Level Institution: _____

Date accepted/paid: _____ Course Title: _____

Course Duration: _____

Course Commencement Date: _____

Qualification Awarded: _____

I hereby confirm that the details given above are correct. I agree to abide by the rules of the Scheme.
I accept that the decision of the Board of Directors in relation to eligibility shall be final.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date Joined _____ Share Balance _____

Savings Record (per week/fortnight/monthly) _____

Institution/Course Approved _____