

C.T. WILSON – LONGTOWN BURSARY

APPLICATION

SIDE ONE – to be completed by STUDENT and Parent / Guardian

STUDENTS NAME

DATE OF BIRTH

HOME ADDRESS

TELEPHONE NUMBER

WHAT DOES THE STUDENT EXPECT TO GAIN FROM A VISIT TO LONGTOWN?

MOTHERS OCCUPATION

FATHERS OCCUPATION

REASON FOR BURSARY APPLICATION

PARENTS CONTRIBUTION TO COURSE FEE

HOW HAS THE STUDENT CONTRIBUTED TO THE COST OF THE COURSE FEE THROUGH THEIR OWN EFFORTS?

PARENT/GUARDIAN SIGNATURE

STUDENTS SIGNATURE

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SIDE TWO – to be completed by Group Leader

NAME OF GROUP

DATES OF VISIT TO LONGTOWN

NAME OF GROUP LEADER / CONTACT

TELEPHONE NUMBER

NAME OF STUDENTS REFEREE (if different from above)
Someone who knows the student and their circumstances

TOTAL COURSE FEE _____

CONTRIBUTION TO COURSE FEE FROM SCHOOL OR OTHER SOURCE
(please state source) _____

CONTRIBUTION FROM STUDENT and FAMILY
(see overleaf) _____

BURSARY CONTRIBUTION REQUESTED _____

FOR OFFICE USE ONLY

GRANT AGREED YES NO AMOUNT _____

SIGNATURES

BURSAR

HEAD OF CENTRE