

WILSON FOUNDATION – LONGTOWN BURSARY

APPLICATION

SIDE ONE – to be completed by Student, and Parent / Guardian

Students name

Date of birth

Home address

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

C.T. WILSON – LONGTOWN BURSARY

APPLICATION

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 student's referee (if different from above)

Someone who knows the student and their circumstances

Total Course Fee

Contribution from student and family (see overleaf)

Bursary contribution requested

FOR OFFICE USE ONLY

Grant agreed

YES / NO

Amount _____

SIGNATURES

Bursar

Head of Centre