**TWINNING COMMITTEE FOR CORNWALL**

**THE EDWlN & ERNESTINE JONES MEMORIAL BURSARY  
APPLICATION FORM**

**Part I (to be completed by the Applicant)**

**Name**: ................................................................. **Date of birth**: .................................

**Address**: ................................................................. **Occupational status**:

................................................................. Student: Full-time **\***; Student: Part-time **\***;

................................................................. In work: Full-time **\***; In work: Part-time **\***;

**Post Code**: ...................................... Unwaged **\***

**Telephone**: ................................................................. **\*** ***delete as appropriate***

**Email**: .................................................................

Part of exchange group or travelling independently? .........................................................................................

Place to be visited: ..................................................... Details of employment or school/college,

if appropriate:

Date of proposed visit (if known): ..................................... ................................................................

Method of travel: ………………………………………............ ................................................................

Cost of travel: £ ...................

Cost of insurance: £ ................... ...........................................................

Other essential expenses: £ ...................

Total: £ ................... ...........................................................

**This application should be accompanied by a statement setting out:**

(a) Why you wish to make the visit;

(b) How you think you will benefit;

(c) Why you are seeking sponsorship.

**Signature of applicant**: ..................................................... **Date**: ..................................................

**Part II (to be completed by the sponsoring Twinning Association)**

**Name of Association**: .............................................................................................................................

**Twin Town**: .............................................................................................................................

**Secretary (or contact name)**: .............................................................................................................................

**Address**: .............................................................................................................................

**Telephone**: ....................................................................

**Email**: ....................................................................

**Provision of Accommodation**

In the event of this application being successful this Association undertakes to arrange for the young person to be accommodated for the duration of the visit with a family (or in other suitable accommodation) free of charge.

**Signed**: ................................................................................. **Name**: ..........................................................

**Position in Association**: ...................................................... **Date**: ..........................................................

**This form must be accompanied by a statement setting out why your Association supports this   
application (and any other information you think might help the Committee make a decision).**

**The completed application is to be submitted as soon as possible to:**

**The Secretary, Twinning Committee for Cornwall, 23 Launceston Road, Callington, Cornwall PL17 7BT**