



The Peter Gordon Lawrence Bursary

Application for Funding

Name of Pupil: _____

Name of School: _____

School Address: _____

Tel: _____ Email: _____

PGL Course / Tour: _____

Dates of Travel: _____

Number of Children in Party: _____

PGL Booking Reference: _____

Amount charged by PGL: _____

Inclusive amount charged by School: _____
(PGL charge + additions)

Estimated amount that Parents can pay: £ _____

Eligibility for free school meals: YES / NO

Donation possible from school funds: YES / NO Amount £ _____

Donations possible from other sources: YES / NO Amount £ _____

Funding requested from PGL: Amount £ _____

Please support your application by providing written details in the space provided overleaf.

Name of Proposer: _____ Position: _____

Signature: _____ Date: _____

