

**SIR JOHN HENRY MORRIS JONES TRUST FUND**

(Please complete in **BLACK INK**)

NAME: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

AGE: (Give date of birth) \_\_\_\_\_

NAME AND ADDRESS OF PARENT / GUARDIAN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you receiving full-time education or in employment – please give details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please give details of project / activity (separate sheet may be used and attached to this form): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please give an indication of total cost of your project i.e. purchase of equipment, travel costs, course fees, etc: \_\_\_\_\_

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Amount of grant sought: \_\_\_\_\_

Please attach a letter supporting your application from a responsible person with knowledge of your standards of achievement and excellence in your chosen field of activity.

**Data Protection**

The information you provide on this form will be processed strictly for the purposes of your application and in accordance with relevant legislation. **Please tick the box to give your consent:**

Signature of Applicant \_\_\_\_\_

Signature of Parent / Guardian  
(for applicants under 16 years) \_\_\_\_\_

Date \_\_\_\_\_

**Return this form to: -**

**Mrs C J Earley  
Clerk to the Trustees  
Town Hall  
Rhiw Road  
Colwyn Bay  
LL29 7TE**

**NOT LATER THAN 31<sup>st</sup> March**