

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): _____
