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: ____________________________________

____

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 31st March