## 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):

RPD/TE/SJHMJ/2013 PAGE 1/2

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.
Signature of Applicant
Signature of Parent / Guardian
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 2013

## **Data Protection**

The information you provide on this form will be processed on a database, strictly for the purposes of your application and in accordance with relevant legislation.

RPD/TE/SJHMJ/2013 PAGE 2/2