

**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): \_\_\_\_\_

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