**John James Charitable Trust - Individual Application Form**

Please answer all questions. There is space at the end of the form for additional comments.

If possible, please fill in the form on your computer, save it and then email a copy to [info@johnjamestrust.org](mailto:info@johnjamestrust.org). If that is not possible please print the form, fill it in and send it to:

John James Trust  
6 Mina Road  
London  
SW19 3AU

We advise you to keep a copy of the completed form for your own records.

If you require further help, please contact us via email at [info@johnjamestrust.org](mailto:info@johnjamestrust.org)

**About You**

|  |  |
| --- | --- |
| Where did you hear about us? |  |

**Your Details**

|  |  |  |
| --- | --- | --- |
| Title |  | required |
| First name |  | required |
| Surname |  | required |
| Date of birth |  | required |

**Your Sponsoring Organisation (if applicable)**

|  |  |  |
| --- | --- | --- |
| **Name** |  | required |
| Address (with postcode) |  | required |
| Website address |  | required |
| Your Role |  | required |

**Your Contact Details**

|  |  |  |
| --- | --- | --- |
| Address (with postcode) |  | required |
| Email |  | required |
| Telephone (day) |  | required |
| Mobile |  |  |

**About Your Project: What you would like us to fund**

In less than 200 words, please give us a brief description of your needs and/or plans that require funding. Please describe what you want to do, where and how.

|  |  |  |
| --- | --- | --- |
| Project Description (we may use this for publicity purposes) |  | required |

Please let us know…

|  |  |  |
| --- | --- | --- |
| Your start date |  | required |
| Your end date |  | required |
| Your location |  | required |

**What difference are you hoping to make by doing this project?**

|  |  |  |
| --- | --- | --- |
| Describe what you hope to achieve. |  | required |

**What obstacles or difficulties do you anticipate?**

|  |  |  |
| --- | --- | --- |
| Describe any challenges or issues that may impact you and your plans? |  | required |

**What is your motivation for doing this work?**

|  |  |  |
| --- | --- | --- |
| Why do you want to spend your time doing this as opposed to something else? |  | required |

**What are the key developments in your personal history?**

|  |  |  |
| --- | --- | --- |
| Please let us know how you became a Christian and what it means to you now? |  | required |
| In what ways have you been serving the Gospel to date? (Please let us know the different ministries you have been involved in). |  | required |
| Please give us a brief resume of previous jobs/ work experience if you have some. |  | required |

**About Your Requested Grant**

**How much funding do you require in total?**

|  |  |  |
| --- | --- | --- |
| Total Project Cost |  | required |
| Total Needed |  | required |
| Total Obtained so far |  | required |
| Total Project Length |  | required |

**Total obtained details**

**If you put an amount under ‘total obtained so far’, please say from who and how much**

|  |  |  |
| --- | --- | --- |
| Who and How much? |  | required |

**What you will spend the grant on?**

|  |  |  |
| --- | --- | --- |
| List your anticipated costs and how you calculated them. Alternatively, include a copy of your budget as a separate file and note its inclusion here. |  | required |

|  |  |  |
| --- | --- | --- |
| What are your current sources of financial support? |  | required |

|  |  |  |
| --- | --- | --- |
| What are your financial concerns, if any? |  | required |

**Referees**

**Please provide details of two people who know you spiritually, one being someone in a leadership role within your home church.**

**Referee One**

|  |  |  |
| --- | --- | --- |
| Title |  | required |
| First name |  | required |
| Surname |  | required |
| How they know you / your organisation? |  | required |
| Address (including postcode) |  | required |
| Telephone (day) |  | required |
| Mobile |  |  |
| Email |  |  |

**Referee Two**

|  |  |  |
| --- | --- | --- |
| Title |  | required |
| First name |  | required |
| Surname |  | required |
| How they know you / your organisation? |  | required |
| Address (including postcode) |  | required |
| Telephone (day) |  | required |
| Mobile |  |  |
| Email |  |  |

**Space for Additional Comments**

|  |  |
| --- | --- |
| Please put here anything else you would like to tell us, any questions or comments. |  |

**Legal Section**

**Declaration**

We agree to abide by the terms and conditions of the grant as they are set out in this application form and in the accompanying Guidance Notes, and understand that any offer of a grant will be subject to our proposed work remaining within grant criteria. We agree to participate in monitoring, auditing and evaluation related to this fund.

**The Data Protection Act 1998**

The information supplied on this form will be retained by the John James Charitable Trust on a database and will be used to compile statistics on grants given. Details of successful applications will be made available on our website. The information may also be used for the John James Charitable Trust to contact you by letter, telephone or e-mail with details of future funding and other information which may be of interest to you e.g. training courses and newsletters from relevant organisations.

Please tick the ‘**I Agree**’ box below to confirm your acceptance of these conditions.

|  |  |
| --- | --- |
| I Agree |  |

|  |  |
| --- | --- |
| Date |  |