John James Charitable Trust	Page 1 of 10	Application: Individuals
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# 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 <u>info@johnjamestrust.org</u>. 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

#### 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	

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John James Charitable Trust	Page 2 of 10	Application: Individuals
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### 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)
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Please let us know...

Your start date	required
Your end date	required
Your location	required

Created 01/09/2011	www.johnjamestrust.org	Updated 23/10/2011
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## What difference are you hoping to make by doing this project?

Describe what you hope to achieve.
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# What obstacles or difficulties do you anticipate?

Describe any challenges or issues that may impact you and your plans?	required
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Created 01/09/2011	www.johnjamestrust.org	Updated 23/10/2011

John James Charitable Trust	Page 4 of 10	Application: Individuals
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## What is your motivation for doing this work?

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# 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

Created 01/09/2011	www.johnjamestrust.org	Updated 23/10/2011

John James Charitable Trust	Page 5 of 10	Application: Individuals

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

Created 01/09/2011	www.johnjamestrust.org	Updated 23/10/2011

John James Charitable Trust Page 6 of 10 Application: Individu
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## **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

requir	Who and How much?
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### 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
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Created 01/09/2011	www.johnjamestrust.org	Updated 23/10/2011

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John James Charitable Trust	Page 8 of 10	Application: Individuals
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# <u>Referees</u>

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	

Created 01/09/2011	www.johnjamestrust.org	Updated 23/10/2011
--------------------	------------------------	--------------------

John James Charitable Trust	Page 9 of 10	Application: Individuals
-----------------------------	--------------	--------------------------

## Space for Additional Comments

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

Created 01/09/2011 www.johnjamestrust.org	Updated 23/10/2011
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John James Charitable Trust	Page 10 of 10	Application: Individuals
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### 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	

Created 01/09/2011	www.johnjamestrust.org	Updated 23/10/2011
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