

John James Charitable Trust - Student 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. 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?	
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Your Details

Title		required
First name		required
Surname		required
Date of birth		required

Your Place of Study

Name		required
Address (with postcode)		required
Website address		required
Start Date		required
End Date		required

Your Contact Details

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

About Your Course: What you would like us to fund

In less than 200 words, please give us a brief description of the course you are undertaking. Please describe what you want to do, where and how.

Course Description		required
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What difference are you hoping to make by doing this course?

Describe what you hope to achieve.		required
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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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What is your motivation for doing this course?

<p>Why do you want to spend your time doing this as opposed to something else?</p>		<p>required</p>
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What are the key developments in your personal history?

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

About Your Requested Grant

How much funding do you require in total?

Total Course Cost		required
Total Needed		required
Total Obtained so far		required
Total Course 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
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What you will spend the grant on?

<p>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.</p>		required
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What are your current sources of financial support?		required
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What are your financial concerns, if any?		required
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Referees

Please provide details of two people who know you spiritually, one being someone in a leadership role within your home church and who can talk about you and your study plans.

Referee One

Title		required
First name		required
Surname		required
How they know you		required
Address (including postcode)		required
Telephone (day)		required
Mobile		
Email		

Referee Two

Title		required
First name		required
Surname		required
How they know you		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	<input type="checkbox"/>
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Date	<input type="text"/>
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