

**JOHN RONALD CUNNINGHAM MEMORIAL FUND
GRANT APPLICATION FORM**

Name:.....

Permanent Address:.....

.....

.....

Telephone No.:.....

Age: (Give date of birth).....

(If under 18 years of age, give name and address of Parent/Guardian)

.....

.....

.....

If you receiving full-time education or in employment – please give details:

.....

.....

.....

.....

What is the expected outcome on receiving this funding?:

.....
.....
.....
.....
.....

What do you perceive to be the benefits of receiving this funding?:

.....
.....
.....
.....
.....

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 as set out in Item No. 5 (School/College/Doctor/Social Worker/or Secretary/Treasurer of Organisation). If a grant is given to a Club, Group or Organisation an audit trail will be required.

Signature of Applicant:.....

Signature of Parent/Guardian (if applicable):.....

Date:.....

Please return this form to: Helen Barritt
Clerk to the Trustees,
John Ronald Cunningham Memorial Trust,
Guildhall, Conwy LL32 8LD

Data Protection

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