**THE JAMES PANTYFEDWEN FOUNDATION**

**APPLICATION FOR GRANTS FOR CHRISTIAN TRAINING COURSES**

**Applicants should read the guidelines carefully before submitting this application.**

All questions must be answered. Please use extra sheets of paper if necessary.

**1. Surname:**

**2. First Names(s):**

**3. Address:**

 **Post Code:**

**4. Telephone Number:**

**5. E-mail address:**

**6. Date of Birth:**

**7. Place of Birth:**

**8. Brief account of place(s) of residence of applicant for the past three years:**

**9. Name and Denomination of church where the applicant is a member:**

**10. Role within the church:**

**11. Details of training course:**

**12. Costs of training course:**

**13. Any other related costs:**

**14. How do you intend to cover the other 50% of the costs?**

**15. Purpose of course for you as an individual and for your church:**

**16. Names and addresses of two suitable peoople to whom the Trustees may write to support this application. Please note that you mut receive their permission to use their names and contact details before submitting the application. At least one of these persons should be a leader in your church or denomination.**

1. **Name 2. Name**

**Address Address**

 **Post Code Post Code**

 **E-mail address: E-mail address:**

**17. Any further information which may be of interest to the Trustees:**

**Please note how you came to hear of the Pantyfedwen grants: …………………………………………………………..**

# I hereby certify that all of the above information is correct and complete on the day of submission.

**I consent to James Pantyfedwen Foundation’s use of my personal data in order that it might fulfil its administrative obligations and in order that my application might be processed. This might include communicating with the applicant if in need of further information, contacting the church or denominational leader and sharing the information with the Foundation’s Trustees. The information will be held by the Foundation until you inform us that you wish it to be amended or deleted, but will not be shared with other companies or individuals.**

**The Foundation’s Privacy Policy can be seen on** [**www.jamespantyfedwen.cymru**](http://www.jamespantyfedwen.cymru)**.**

# Date: ............................................... Signature: ...................................................................................................…………………..

#

# This form, when completed, should be forwarded to:

# The Executive Secretary

# THE JAMES PANTYFEDWEN FOUNDATION

# Pantyfedwen

# 9 Market Street

# Aberystwyth

# Ceredigion

# SY23 1DL.

# Telephone: (01970) 612806

# or sent by e-mail to: post@jamespantyfedwen.cymru