



Diocese of Wheeling-Charleston

Department of Catholic Schools

The J. B. Chambers Foundation

Application for Needs-Based Assistance Grant to Ohio County Students in Catholic Schools

Name of Family _____

_____ Number of Adults in Household

_____ Number of Students in Household

Name of Student (*use one form per child*) _____

Grade in which Student is Enrolled during 2017-2018 _____

Address, City/State _____

1. Did you apply for a TAP tuition assistance grant through FACTS for 2017-2018? ____ Yes ____ No

If yes, did you receive a grant? ____ Yes Amount of Grant Received? \$_____ If no, why?

2. Items Requested _____

3. Cost of Items Requested _____ (receipts required for all items requested)

4. Please briefly explain the reason for this request.

Printed Name of Applicant _____ Relationship to Student Applicant _____

Applicant, send application & receipts to your principal. Applicant Signature _____

Date of this Application _____ Name of School _____

Principal Signature _____

**Principal, mail this application and all receipts along with Summary Sheet provided to you to:
Superintendent of Catholic Schools ~ Diocese of Wheeling-Charleston ~ P. O. Box 230 ~ Wheeling, WV 26003**

For Office Use Only

Date _____ Signature of Superintendent Indicates Approval _____

\$_____ Amount of Check Requested _____ Date Check Requested _____ Date Check Sent to School _____