



Diocese of Wheeling-Charleston

Department of Catholic Schools

The J. B. Chambers Foundation Application for Needs-Based Assistance Grant to 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 2021-2022 _____

Address, City/State _____

1. Did you apply for a TAP tuition assistance grant through FACTS for 2021-2022? ___ 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 _____ (**JUST COPIES** OF RECEIPTS REQUIRED FOR ALL ITEMS)

Please briefly explain the reason for this request.

Name of Applicant _____ Relationship to Student Applicant _____

Applicant, send application & COPIES of receipts to your principal.

Applicant Signature _____

******* APPLICATION WILL BE RETURNED IF NOT COMPLETED IN ITS ENTIRETY *******

Date of this Application _____ Name of School _____

Principal Signature _____

**Principal, mail this application and JUST COPIES of ALL receipts along with Summary Sheet provided to you to:
Department of Catholic Schools (Julie Link) ~ Diocese of Wheeling-Charleston ~ P. O. Box 230 ~ Wheeling,
WV 26003**