



58 Brunswick Avenue, Spanish Town St. Catherine

Email: wheel@centralja.org 876-984-5576-7/ 876-982-22044/ 876-527-4594

APPLICATION FORM

Name of Applicant: _____

Church: _____ Telephone: _____

Address: _____

Please check the appropriate application area for WHEEL. Itemize preferred choice:

1. Welfare

- a) Food /groceries/toiletries/ life skills
- b) Poverty alleviation care/ housing assistance
- c) Other _____

2. Health

- a) Promotion and screening
- b) Diabetic care / home medication administration
- c) Other _____

3. Education

- a) Tuition Fee
 - Institution _____ Bank _____
 - Branch _____
 - Account #_____
- b) Transport/uniform/ registration
- c) Boarding/Rent
- d) Other _____

4. Empowerment

- a) Agriculture/ cash crops garden /Small animal husbandry
- b) Economics / crafts for sale
- c) Other _____

5. Local Community

- a) Home Health care/Basic School
- b) Home-work / Skills training /Soup kitchen
- c) Other _____

WHEEL will send funds directly in name of recipient.

Briefly state your reason for application to the WHEEL grant fund:

Applications must be submitted to local church/CJC Headquarters along with (2) supporting letters of reference.

List the name, phone and email of the (1) reference:

Grants will be issued on behalf of individuals or families only by formal agreement signed by the following below.

Telephone: _____ Email: _____

Signature: _____ Date: _____

Applicant's Signature: _____ **Amount Requested : \$** _____

OFFICE USE ONLY

Approved Amount _____

Approving Officers

1. Signature _____

WHEEL Coordinator

2. Signature _____

CJC Administrator