

**WEST VIRGINIA
DIVISION OF JUSTICE AND
COMMUNITY SERVICES**

**JOHN R JUSTICE
GRANT PROGRAM**

**GRANT APPLICATION
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1. Applicant: _____
Address: _____
Phone/Fax: _____
E-Mail: _____

4. Program Title: JRJ Student Loans
Grant Funds \$: _____
Total Loan Amount: \$: _____

2. Lending Agency: _____
Address: _____
Phone/Fax: _____

5. Type of Government Agency:
(Employer)
 State County Municipality

3. Lender Payment _____
Address: _____
Phone/Fax: _____

6. Counties/Cities Served: _____
7. Lender Tax ID #: _____
8. Loan Acct ID #: _____
**Must match account
on account
balance/summary.**

9. Certification:

To the best of my knowledge, the information contained in this application is true and correct. The submission thereof has been duly authorized, and the applicant agrees to comply with any Special Conditions and Assurances presented by the granting agency.

Printed Name: _____ Title: _____

Signature: _____ Date: _____