



Johnson O'Malley - Family Requesting Financial Assistance

Today's Date: _____

Have you completed the JOM Enrollment Form? YES NO

Have you completed the JOM Needs Assessment Survey? YES NO Please complete if you have answered no.

REQUEST: Attach Supporting Documents such as: Flyer, roster, schedule, cost/budget, letter of request, receipts

2020 Fall	Student Name	Grade	School	509-J event	Cost	Cost due date	Other Information example: Fees for, event date, etc.
Football				<input type="checkbox"/> Yes <input type="checkbox"/> no	\$		+
Soccer				<input type="checkbox"/> Yes <input type="checkbox"/> no	\$		
Volleyball				<input type="checkbox"/> Yes <input type="checkbox"/> no	\$		
Cross Country				<input type="checkbox"/> Yes <input type="checkbox"/> no	\$		
Other ?Band				<input type="checkbox"/> Yes <input type="checkbox"/> no	\$		Type of Instrument
Other? PE				<input type="checkbox"/> Yes <input type="checkbox"/> no	\$		
Other Club				<input type="checkbox"/> Yes <input type="checkbox"/> no	\$		
2021 Winter					Cost	Cost due date	Other Information
Basketball				<input type="checkbox"/> Yes <input type="checkbox"/> no	\$		
Swimming				<input type="checkbox"/> Yes <input type="checkbox"/> no	\$		
Wrestling				<input type="checkbox"/> Yes <input type="checkbox"/> no	\$		
Other				<input type="checkbox"/> Yes <input type="checkbox"/> no	\$		
Other				<input type="checkbox"/> Yes <input type="checkbox"/> no	\$		
2021 Spring					Cost	Cost due date	Other Information
Baseball				<input type="checkbox"/> Yes <input type="checkbox"/> no	\$		
Softball				<input type="checkbox"/> Yes <input type="checkbox"/> no	\$		
Tennis				<input type="checkbox"/> Yes <input type="checkbox"/> no	\$		
Track & Field				<input type="checkbox"/> Yes <input type="checkbox"/> no	\$		
Other				<input type="checkbox"/> Yes <input type="checkbox"/> no	\$		
Other				<input type="checkbox"/> Yes <input type="checkbox"/> no	\$		
Other				<input type="checkbox"/> Yes <input type="checkbox"/> no	\$		
2021 Summer					Cost	Cost due date	Other Information
				<input type="checkbox"/> Yes <input type="checkbox"/> no	\$		
				<input type="checkbox"/> Yes <input type="checkbox"/> no	\$		

PARENT INFORMATION:

Parent/Legal Guardian Name: _____

Mailing Address: **PO Box** _____ Warm Springs, OR 97761

☎ Cell Phone: _____ Work phone: _____ Home phone: _____

Email address: _____

Signing this document parent agrees to use the funds for the intended purpose. If funds not used, you must return the payment to Higher Education or risk suspension from receiving JOM services.

Parent Signature: _____

SUBMIT FORMS TO

June Smith, JOM Committee
Phone 541.553.2323 jsmith@bgsc.org

Carroll Dick, Secretary Higher Education
Phone 541.553.3311 Fax 541-553-2203
carroll.dick@wstribes.org