Confederated Tribes of Warm Springs, Oregon
Attn: JOM Parent Committee
PO Box C
Warm Springs, OR 97761
Ph: 541-553-1161

2025-26 Johnson O'Malley - Family Requesting Financial Assistance

Today's Date: _____

PARENT INFORMATION:

Parent/Legal Guardian Name: _____

Mailing Address: _____

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

Email address: _____

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.)

***Eligibility Requirements*:**

(1) an enrolled member of a Federally recognized Tribe, or **(2)** has a link to a Tribal member (through descendancy) that is within a certain proximity, meaning the student has a least one parent or grandparent (living or deceased) who is a member of a federally recognized Tribe **(3)** Enrolled & attending in Jefferson Co. 509-J or South Wasco Co. school (PreK-12).

ONE STUDENT PER FORM

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

2026 Summer (June-Aug)	Student First name	Student Last name	Grade	School	Cost	Cost due date	Supporting Document example: Fees, event date, etc.
All Stars					$		
Basketball					$		
Sports Camps					$		
Dance/Cheer					$		
Cultural Activity					$		
Football							
					$		
					$		

*In order for your application to be approved you must supply the **required** supporting documentation and submit it by the designated deadline date no later than 11:59pm.

Signing this document, parents agree to use the funds for the intended purpose. If funds are not used, you must return the payment to JOM Parent Committee member or risk suspension from receiving JOM services.

Parent Signature: _____

SUBMIT FORMS TO

E-Mail: Jom@wstribes.org

Naomi Brisbois, Chairwoman
Tashina Smith, Communications Officer
Arlena Danzuka, Vice-Chairwoman
Krysta Rhoan, Secretary