

Deadline Date
September 30th, 2019

Johnson O' Malley Fall Activity Allowance

\$100.00

HS 9-12th

\$75.00

Grades 6-8th

\$50.00

Pre K - 5th

**Jefferson County 509J
And
Wasco County
Students**

- *Rodeo
- *Dance
- *Sports
- *Camps of any kind
- *Academic Camps
- *Cultural Enrichment
- *Other Activities

For More Information & to pick
up Johnson O'Malley (JOM)
applications
Contact: Higher Education
541-553-3311 or
request forms by
email: carroll.dick@wstribes.org

nts please attach activity information: flyer, schedules, roster, receipts et
your JOM REQUEST FORMS.



Confederated Tribes of Warm Springs, Oregon
PO Box C
Warm Springs, OR 97761
Phone: 541-553-1161
Fax: 541-553-1924

WHAT IS JOM?

Johnson O'Malley (JOM) Act of 1934

(Serves 509J & Wasco County School Districts)

An act that was passed to ensure that eligible Indian children receive the education opportunities that would not otherwise be provided.

~Funds received are used to provide "Supplementary" financial assistance to meet the unique and specialized education needs of Indian students.

~Funds are not intended to take the place of Federal, state or local funds.

MISSION

To enhance the education needs of our Native American students for future success.

HOW Does the program work?

There are two main requirements under the JOM Act to assure Parent Participation and control.

- 1) The Parent Committee
- 2) The Education Plan
- 3) The JOM Committee: The committee is made up parents, elected by other parents, of eligible Indian student enrolled in public schools on near reservations.
- 4) Committee Purpose: The Parent Committee will participate in Planning, Development, Implantation and Evaluation of all educational programs (including both supplemental and operational support.

Assessment & Evaluation

The Parent Committee will also: Identify Educational needs through a needs assessment survey. Determine Programs Priorities. Monitor & evaluate program effectiveness. Serve as an avenue of communication between the Indian Community and the school.

Educational Plan

A written document that outlines a plan for programs to meet the unique & specialized needs of Native students. It identifies students' needs, goals and objectives to the accomplished, procedures to be followed and the methods to be used in evaluating the program as well as purposed budgets.

Student Eligibility

S 273.12 Eligible students

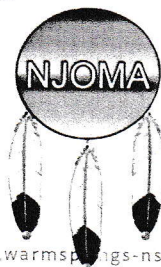
~Indian students, from Age 3 years through grade(s) 12.

(~Except those who are enrolling in a Bureau of sectarian operated schools). ~Shall be eligible for benefits provide by a contract pursuant to this part if they are $\frac{1}{4}$ or more degree Indian blood and recognized by the Secretary as being eligible for Bureau Services.

~Priority shall be given to contracts (a) which would be served Indian students on or near reservations and (b) where a majority of such Indian students will be members of the tribe(s) of such reservations.

To request JOM limited funding By applying every new school year

- 1) Complete a current year JOM enrollment from
- 2) Complete a JOM Survey
- 3) Complete a JOM Request form
- 4) Attach supporting documents such as:
 - a. rosters
 - b. schedule
 - c. flyer of event, dates, time, location
 - d. cost/budget
 - e. letter of request
 - f. receipts
- 5) 2019 JOM Meetings at 5:30 PM
 - a. Wednesday, August 7, 2019
 - b. Wednesday, September 4, 2019
 - c. Wednesday, October 2, 2019
 - d. Wednesday, November 6, 2019
 - e. Wednesday, December 4, 2019
- 6) JOM Committee Members:
 - a. June Smith, Chairperson jsmith@bgcsc.org
 - b. Ardis Clark
 - c. Lavina Colwash
 - d. Deanie Smith
 - e. Jordan Stacona
 - f. Alexia Jim
- 7) Submit all documents to Carroll Dick, Secretary, JOM Committee Education Building, 1110 Wasco Street, PO Box C, Warm Springs, OR 97761, Phone 541-553-3311, Fax 541.553.2203 carroll.dick@wstribes.org



www.warmsprings-nsn.gov





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

2019 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	\$		
2020 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	\$		
2020 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	\$		
2020 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



Confederated Tribes of Warm Springs, Oregon
PO Box C
Warm Springs, OR 97761
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Johnson O'Malley Program 2019-2020 Enrollment Application

In order for your student to receive Johnson O'Malley (JOM) Supplemental Educational Assistance, your child must be enrolled in the program. Please make sure that all the information is filled out completely so we can better serve your child.

Eligibility Requirements:

1. Member of a Federally Recognized Tribe.
2. Enrolled and Attending in a 509J or Wasco County School (Pre-K – 12).

Any student that 3 years of age (by December 31) through grade 12 and $\frac{1}{4}$ Indian blood and recognized by Secretary of the Interior as being eligible for Bureau services (273.12 eligible students).

	All HS-12 Student Name in your household	Age	DOB	Grade	School	Tribe/s	Enroll #
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

Parent/Guardian Name (print): _____

PO Box _____ Warm Springs or _____

Email address: _____

Phone: _____

Are you available to serve on the JOM Parent/Officer Committee? YES NO MAYBE

Please write any other comments or suggestions regarding your child's educational needs: _____

I hereby give authority to the JOM Officers to verify my child's enrollment by receiving a copy of the Certificate Degree of Indian Blood or purpose of JOM Program Eligibility.

Parent/Guardian Signature: _____ Date: _____

Participant Eligibility verified by IEC Officers: _____

JOM Contact: June Smith

Phone: 541-553-2323

jsmith@bgsc.org

JOM Secretary: Carroll Dick, Higher Education

Phone: 541-553-3311 Fax: 541-553-2203

carroll.dick@wstribes.org

www.warmsprings-nsn.gov

Survey on back side



Johnson O'Malley (JOM) Program Needs Assessment Survey

FY: 2019-2020

IEC: Confederated Tribes of Warm Springs (Indian Education Committee)

Please fill out the information below to help us identify the needs of our Native Students

1. Place a check mark next to the area(s) that your child or children need to be successful in school.

- a. ☐ Tutoring: Elementary ☐ Secondary ☐
- b. ☐ Cultural Programs
- c. ☐ Math/Science Improvement
- d. ☐ Reading/Language Improvement
- e. ☐ School Supplies
- f. ☐ Career Counseling or Higher Education Orientation
- g. ☐ Educational Support (list: _____)
- h. ☐ Other Suggestions: _____

2. Please RANK your three (3) most important needs (MARKED ABOVE):

	Rank	EXAMPLE
1		C
2		B
3		E

3. How do you think JOM funds can be used to enable Native Student to equally participate in school activities?

Please check the category/categories that best describes you:

☐ Parent/Guardian ☐ Student ☐ Other: _____

Thank you for your input.

