**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 |  |  |  | 🗆Yes 🗆no | $ |  | + |
| Soccer |  |  |  | 🗆Yes 🗆no | $ |  |  |
| Volleyball |  |  |  | 🗆Yes 🗆no | $ |  |  |
| Cross Country |  |  |  | 🗆Yes 🗆no | $ |  |  |
| Other ?Band |  |  |  | 🗆Yes 🗆no | $ |  | Type of Instrument |
| Other? PE |  |  |  | 🗆Yes 🗆no | $ |  |  |
| Other Club |  |  |  | 🗆Yes 🗆no | $ |  |  |
| **2021 Winter** |  |  |  |  | **Cost** | **Cost due date** | **Other Information** |
| Basketball |  |  |  | 🗆Yes 🗆no | $ |  |  |
| Swimming |  |  |  | 🗆Yes 🗆no | $ |  |  |
| Wrestling |  |  |  | 🗆Yes 🗆no | $ |  |  |
| Other |  |  |  | 🗆Yes 🗆no | $ |  |  |
| Other |  |  |  | 🗆Yes 🗆no | $ |  |  |
| **2021 Spring** |  |  |  |  | **Cost** | **Cost due date** | **Other Information** |
| Baseball |  |  |  | 🗆Yes 🗆no | $ |  |  |
| Softball |  |  |  | 🗆Yes 🗆no | $ |  |  |
| Tennis |  |  |  | 🗆Yes 🗆no | $ |  |  |
| Track & Field |  |  |  | 🗆Yes 🗆no | $ |  |  |
| Other |  |  |  | 🗆Yes 🗆no | $ |  |  |
| Other |  |  |  | 🗆Yes 🗆no | $ |  |  |
| Other |  |  |  | 🗆Yes 🗆no | $ |  |  |
| **2021 Summer** |  |  |  |  | **Cost** | **Cost due date** | **Other Information** |
|  |  |  |  | 🗆Yes 🗆no | $ |  |  |
|  |  |  |  | 🗆Yes 🗆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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_