



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

Johnson O'Malley Program 2020-2021 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

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www.warmsprings-nsn.gov



Johnson O'Malley (JOM) Program Needs Assessment Survey

FY: 2020-2021

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.

