Tribe/s



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

Enroll #

Johnson O'Malley Program 2022-2023 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:

All HS-12 Student Name in

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 3	1) through grade 12 and $\frac{1}{2}$ Indian blood and recognized by Secretary of the
Interior as being eligible for Bureau services (27	3.12 eligible students).

Grade

School

DOB

Age

your nousenoid						
1						
2						
3						
4						
5						
6						
7						
8						
9						
Parent /Guardian Name (Print):						
Mailing Address: PO BOX						
Phone number:						
Email address:						
□ Yes □No □Maybe	Are you available to serve on the JOM Parent/Officer Committee?					
Additional Comments/Suggestions						
hereby given authority to the JOM Officers to the JOM Eligibility.	o verify my child's enrollr	nent by receiving a c	opy of the Certifi	cate Degree of Indian Blo	ood or purpose o	
Parent/Guardian Signature:		Date:		 		
Particinant Fligibility verified by IFC Officers:						

JOM Contact: June Smith JOM Secretary: Carroll Dick, Higher Education

Phone: 541-553-2323 Phone: 541-553-3311 Fax: 541-553-2203

Jtwin2430@gmail.com carroll.dick@wstribes.org Survey on back side ◆◆◆◆

\Y/A\Y/A\Y/A\Y/A\Y/A\Y/A\Y/A\Y/A\Y/A\Y/

Johnson O'Malley (JOM) Program Needs Assessment Survey

FY: 2022-2023

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

a	Tutoring: E	lementary	Secondary				
b	Cultural Programs	5					
c	Math/Science Imp	provement					
d	Reading/Language	e Improvement					
e	School Supplies						
f	Career Counseling	g or Higher Education	Orientation				
	Educational Suppo						
h	Other Suggestions	s:					
Please R	ANK your three (3) m	nost important need	ds (MARKED	ABOVE):			
	Rank	EXAMPLE					
1		С					
2		R					
3		E					
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activities	-			e Student	to equally	participate	in sch
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activities	eck the category/cat	egories that best de	escribes you:				in sch

\Y/A\Y/A\Y/A\Y/A\Y/A\Y/A\Y/A\Y/A\Y/A\Y/