

2023-2024 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

2023 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	\$		
Other? PE				<input type="checkbox"/> Yes <input type="checkbox"/> no	\$		
Other Club				<input type="checkbox"/> Yes <input type="checkbox"/> no	\$		
2024 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	\$		
2024 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	\$		
2024 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

E-Mail: jom@wstribes.org
 Naomi Brisbois, Vice-Chairman
 Tashina Smith, Communications Officer
 Martha Alvarez, Member

Arlissa White, Chairman
 Krysta Rhoan, Secretary
 Celeste White, Member