

Confederated Tribes of Warm Springs, Oregon Attn: JOM Parent Committee PO Box C Warm Springs, OR 97761

Ph: 541-553-1161

2024-25 Johnson O'Malley - Family Requesting Financial Assistance

						Today's Date:		
PARENT INFOR	MATION:							
Parent,	/Legal Guardian N	ame:						
	Address:							
					Home phone:			
	leted the JOM En			YES	NO			
Have you comp	eds Assessment	Assessment Survey? YES			NO (Please complete if you have answer			
proximity, mean (3) Enrolled & at	nember of a Federal ing the student has tending in Jefferson	a least one parent n Co. 509-J or Sout	t or grandp h Wasco Co	arent (living o. school (Pr	or decease eK-12).	ed) who is a me	escendancy) that is w mber of a federally re t, letter of request, re	ecognized Tribe
	Student	Student	Grade	School	Cost	Cost due	Supporting Docu	
2025 Spring (Mar-May)	First name	Last name	Grade	3011001	Cost	date	example: Fees, ev	
•							Champion Cos, co	
Softball					\$			
Baseball Track & Feild					\$			
Cultural					\$			
Cheer					\$			
Dance					\$			
Darioc					\$			
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	ir application to be later than 11:59pn		st supply th	e required	supporting	documentation	ı and submit it by the	designated
deadime date no	nater than 11.59ph	<u>.</u>						
	ıment, parents agro nmittee member or			=	=	nds are not use	d, you must return t	ne payment to
Parent Signat	ure:				_			