



The Klamath Tribes
Education & Employment Department
PO Box 436
Chiloquin, OR 97624
Phone: (541) 783-2219 FAX: (541) 783-7802

Johnson O'Malley Program - Application & Instructions

Please read this page before completing the application. A parent/grandparent or guardian must complete this application if they need support for their child in school such as advocacy, equipment, fees, or workbooks. Support Services are items required for a classroom or school related activities.

- Eligibility Requirements:
- Enrolled member of a federally recognized tribe or Alaskan Native/Eskimo or is a documented ¼ blood of Native American
 - Between the ages of 3 (by December 31) and 21
 - Enrolled in a non-religious based pre-school, public school, or an accredited alternative school on the date of application.
 - Living within the defined Service Delivery Area (Klamath County)

A JOM application must be submitted once per school year and at **least seven (7) working days before the first day of class, sport practice or school event.** A school year is defined as September through June. The application will be reviewed for funding when all required information on the following list is received. ****Please note that JOM has a maximum allowed funding limit per student which cannot exceed \$150 and will be based on need.****

PARENT/GUARDIAN PLEASE INITIAL BELOW FOR EACH COMPLETED PART OF THE APPLICATION APPLICATION WILL WITHOUT YOUR

Documents	Parent Initials
Johnson O'Malley Application	
Letter of Request or Need	
Verification-federally recognized tribe or Alaskan Native/Eskimo Enrollment	
Copy of School registration verifying attendance & residency	
Copy of Most Recent Grades	
Copy of Extracurricular School Activity Registration with Cost.	

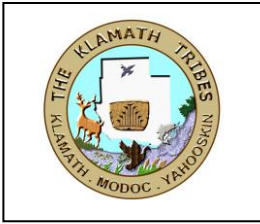
PROCESS. YOUR NOT BE COMPLETE INITIALS.

Completed applications may be returned to the following:

Personal Delivery: The Klamath Tribes, Education & Employment Department
 501 Chiloquin Blvd., Chiloquin, OR 97624

Mail: Klamath Tribes – Education & Employment Department
 Johnson O'Malley Program
 PO Box 436, Chiloquin, OR 97624

If you have any questions please contact 541-783-2219 ext. 159 or 115



The Klamath Tribes – Education & Employment Department JOM PROGRAM APPLICATION

Student Information

Student Name: _____	Date of Birth : _____
Parent/Guardian Name and Address: _____ _____	Phone Number: (541) - _____
_____	School: _____
_____	Grade: _____
_____	Does student have an IEP? Y/N
Parent/Guardian Email Address: _____	

Type of Service Requested:

PLEASE UNDERSTAND THAT JOM CAN ONLY PAY FOR SCHOOL SPONSORED ACTIVITIES. MANY SPORTS/ATHLETIC FEES WILL ONLY BE COVERED FOR HIGH SCHOOL STUDENTS.

<input type="checkbox"/> School fees <input type="checkbox"/> Athletic Participation fee <input type="checkbox"/> Sports/PE Shoes <input type="checkbox"/> Student Body Card <input type="checkbox"/> Outdoor School fee <input type="checkbox"/> Club Annual fee (FBLA, ect.) <input type="checkbox"/> Other, please Specify: _____	___ Tutoring: ___ Math ___ English ___ Science ___ Social Studies ___ Health ___ Writing ___ Senior Project Help
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Release of Information

I, as the parent or legal guardian, of the above mentioned student do hereby authorize the release of any and all information regarding my student’s case file as it relates to the eligibility/application for assistance from the Klamath Tribes, for the period of the current Academic Year only. This authorization includes only those listed items here:

- School Registration/Attendance Verification
- Grade Reports, Transcripts, Progress Reports
- Current Individualized Educational Plan (IEP)
- Athletic Participation Form, Extra-Curricular Information for Service Requested
- Pertinent Program Information or Requirements

The information listed above is permitted to be released to the Klamath Tribes Education & Employment Department. I have been informed and I am aware that such information may be shared with other Tribal Service Departments on a need to know only basis.

Signature of Parent: _____ **Date:** _____



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TRIBAL ENROLLMENT VERIFICATION FORM

Submit copy of Tribal Identification Card, if available.

Name of Applicant: _____

Tribal Affiliation: _____

Date of Birth: _____ Roll Number, if known: _____

Student/Parent/Guardian Signature

Date

<<<<<<Office Use Only Below this Line >>>>>>

The student indicated on this form ___ is / ___ is not an enrolled tribal member. Their tribal enrollment number is _____.

Enrollment Officer Signature

Date

**The Klamath Tribes
Education & Employment Department
Johnson O'Malley Program (JOM)**

Please read instructions below: (missing letter from application will slow down processing)

JOM applications are to have a hand written or typed letter included with the application. Please utilize this form, or you may use a separate sheet of paper. Please date your letter, put down the specific request of services, **with costs**, and include the price list from the school with the application. If your student plays sports, include the name of the sport in the letter. All letters require you to sign your name as the parent/guardian. Attach this with the JOM Application.

Personal Letter Form

Parent/Guardian Signature (required)

Date (required)