

**The Klamath Tribes  
Education & Employment Department  
PO Box 436  
Chiloquin OR 97624**

Phone: (541) 783-2219      FAX: (541) 783-7802

**Johnson O'Malley Program (JOM) Application**

The Johnson O'Malley program is a federally funded program, providing services to enrolled tribal students pre-K through 12th grade. The JOM program can only provide financial support for school fees, (1) one pair PE shoes, or an athletic participation fee for high school students

**Eligibility Requirements:**

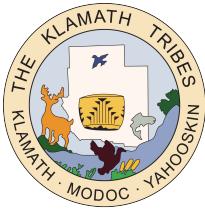
- Enrolled member of a federally recognized tribe or Alaskan Native/Eskimo or proof of Descendancy/Certificate of Indian Blood (CIB)
- Between the ages of 3 (by December 31) and 21
- Enrolled in a non-religious based pre-school, public school, or an accredited alternative School on the date of application.
- Living within the defined Service Delivery Area (Klamath County)

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.

A JOM application must be submitted once per school year and at least fourteen (14) 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 PROCESS. YOUR APPLICATION WILL NOT BE COMPLETE WITHOUT YOUR INITIALS.**

Documents	Parent Initials
Application	
Letter of Request	
Tribal Enrollment Verification	
Class Registration & Schedule	
Cost	
Sports Participation form	



**The Klamath Tribes – Education & Employment Department**  
**JOM PROGRAM APPLICATION**  
**Academic Year 20\_\_ - 20\_\_**

Read and complete each section of this application. All information requested must be provided to this Department. A complete application is this application and all required documentation. An application must be complete before it is reviewed by department personnel.

**Student Information**

Student Name: _____	Date of Birth: _____
Parent/Guardian Name and Address: _____ _____ _____ _____	Phone Number: _____
	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"/> Tutoring:	
<input type="checkbox"/> Athletic Participation fee	<input type="checkbox"/> Math	<input type="checkbox"/> English
<input type="checkbox"/> Sports/PE Shoes	<input type="checkbox"/> Science	<input type="checkbox"/> Social Studies
<input type="checkbox"/> Student Body Card	<input type="checkbox"/> Health	<input type="checkbox"/> Writing
<input type="checkbox"/> Outdoor School fee	<input type="checkbox"/> Senior Project Help	
<input type="checkbox"/> Club Annual fee (FBLA, etc.)		
<input type="checkbox"/> Other, please Specify: _____		

**Release of Information**

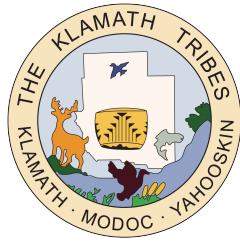
I, as the parent or legal guardian, of the above mentioned student do hereby authorize the release of any and all information regarding my student's case file as it relates to the eligibility/application for assistance from the Klamath Tribes, for the period of the current Academic Year only. This authorization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

Please verify the enrollment of the following student applying for one of the listed services indicated below.

Adult Basic Education     Adult Vocational Training     Higher Education  
 Johnson O'Malley     Direct Employment Assistance

**Submit copy of Klamath Tribes Identification Card, if available, with this form.**

Name of Applicant \_\_\_\_\_

Tribal Affiliation \_\_\_\_\_

Date of Birth \_\_\_\_\_ Roll Number If Known \_\_\_\_\_

Applicant/Parent/Guardian Signature

Date

<<<Tribal Office Use Only Below This Line>>>

The applicant indicated on this form    **is** /    **is not** an enrolled Klamath Tribes member. Their Klamath Tribes enrollment number is \_\_\_\_\_.

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Enrollment Officer Signature

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Date

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

Please read instructions below:

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**

(Missing letter from application will slow down processing)

**Signature of Parent**

(Required)

**Date:**

(Required)