**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*:**

**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 31) through grade 12 and ¼ Indian blood and recognized by Secretary of the Interior as being eligible for Bureau services (273.12 eligible students).

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | All HS-12 Student Name in your household | Age | DOB | Grade | School | Tribe/s | Enroll # |
| 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 |  |

I hereby given authority to the JOM Officers to verify my child’s enrollment by receiving a copy of the Certificate Degree of Indian Blood or purpose of JOM Program Eligibility.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Eligibility verified by IEC Officers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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**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**

1. **Place a check mark next to the area(s) that your child or children need to be successful in school.**
	1. \_\_\_\_\_ Tutoring: Elementary \_\_\_\_\_ Secondary \_\_\_\_\_
	2. \_\_\_\_\_ Cultural Programs
	3. \_\_\_\_\_ Math/Science Improvement
	4. \_\_\_\_\_ Reading/Language Improvement
	5. \_\_\_\_\_ School Supplies
	6. \_\_\_\_\_ Career Counseling or Higher Education Orientation
	7. \_\_\_\_\_ Educational Support (list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	8. \_\_\_\_\_ Other Suggestions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Please RANK your three (3) most important needs (MARKED ABOVE):**

|  |  |  |
| --- | --- | --- |
|  | **Rank** | **EXAMPLE** |
| **1** | **C**  | **C** |
| **2** | **D**  | **B** |
| **3** |  | **E** |

1. **How do you think JOM funds can be used to enable Native Student to equally participate in school activities?**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

**Please check the category/categories that best describes you:**

\_\_\_\_\_ Parent/Guardian \_\_\_\_\_ Student \_\_\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your input.