

FY _____
Cheyenne-Arapaho Tribes of Oklahoma
Johnson O'Malley Program Application

Name of JOM Community: _____

Student Information:

Please Print

Full Name: _____

Grade: _____ Birthdate: _____ Tribal Affiliation: _____

Name of School Attending: _____
(List Alternative School if applicable)

*New students must submit a copy of your CDIB to the JOM Parent Committee or the JOM Program before any services can be provided for your child.

Parent/Guardian Signature:

This completed application will also serve as a Release of Information to Public School Personnel giving my consent to release any school information regarding my child, as requested by the JOM Coordinator or JOM contact person. I give consent for the Cheyenne & Arapaho Tribes Johnson O'Malley Program to take pictures of my child and give my permission of release of photos for JOM activities.

Phone Number: () _____

E-Mail Address: _____

Print Parent/Guardian Name

Parent/Guardian Signature

Mailing Address

City/State/Zip Code

_____ JOM COMMUNITY

JOHNSON O'MALLEY PROGRAM
~ 2010 NEEDS ASSESSMENT ~

Your input is needed in completing the needs assessment survey for the 2007 JOM Budget. The purpose of the needs assessment survey is to gain input from parents, guardians, students, and school personnel on what services and activities JOM funding could be providing. Your input will assist the JOM Parent Committee in preparing the JOM budget for the upcoming year. Thank you for your participation in this survey.

Please check the category that describes you:

____ Parent/Guardian ____ Student ____ Teacher

Educational Support Items:

Please select your top 7 choices with #1 being the most important: (Please number 1-8)

____ Basic School Supplies ____ Extra Curricular (Instrumental rental, class fees, etc.)

____ Athletic Shoes ____ Testing Fees (ACT, SAT, etc)

____ Eyeglass Assistance ____ Class Supplies (Home Ec, Shop, Tech, etc.)

____ Graduation Gowns

____ Summer School (Academics, Drivers Education, etc.)

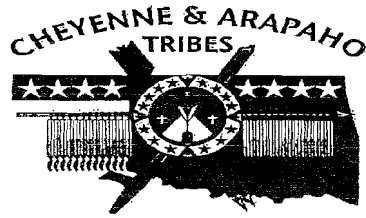
Please rank the following suggestions that you feel are the most important and should be provided by the JOM Program. Select you top four choices with #1 the most important.
(Please number 1-7)

____ Tutoring ____ Cultural Education ____ Parent/Student Activities

____ Field Trips ____ Award Banquets-(May through July, 1 Per Committee)

____ Summer Enrichment Camps (Math, Science, Reading, Physical, Arts/Crafts)

____ Educational Presentations (Job/Resume Seminars, Preparing for College, etc.)



Johnson O'Malley Program
Application for Educational Support Assistance Form

C&A JOM Program Office
P.O. Box 38, Concho, OK 73022
Ph.#405-422-7566 or 422-7658
Fax#405-262-5419

To School Official:

The Cheyenne & Arapaho Tribes Johnson O'Malley Program is designed to provide a supplement for enrolled Native American students with educational support to encourage success in school and foster their participation in school related activities. This application for assistance is necessary to document student's need and participation. Your assistance with this application is greatly appreciated.

Thank You,
Francine Williams
JOM Coordinator

Please Print:

_____ is an active participant in _____
Student Name Name of Class/Sport/Organization

And require the following items (please check items).

____ Athletic Shoes ____ Extra Curricular Uniforms ____ School/Class Fees

____ Field Trip Dues ____ Activity Needs/Supplies ____ Band Instrument
Rental

____ Graduation Gowns ____ ACT/SAT Testing Fees ____ Eyeglasses

____ Vo-tech, Class, Summer School, Science Camp Fees, Driver's Education Fees

____ Correspondence Course (Only if class is required for Graduation)

(Please Print Your Name, sign and date)

Name of School Official & Title

Signature

Date

Make Check Payable To: _____

Vendor Name and Address, City, State, Zip Code

_____ JOM Parent Committee
_____ - Agenda

I. Call Meeting to order

II. Introduction of Officers

III. Old Business

IV. New Business

V. Approved Expenditure Requests.

VI. Next Meeting Date/time/refreshments

VII. Adjournment

JOHNSON O'MALLEY PROGRAM

~ EXPENDITURE REQUEST ~

PART A: **JOM COMMUNITY NAME OR SCHOOL DISTRICT:** _____

Requesting funding assistance for the following Activity *scheduled for:* _____ (Date)

Requesting Check: _____ (Allow two weeks for processing) Purchase Order: _____ (Allow one week for processing)

PART B: **VENDOR INFORMATION: Payable to:** _____

AMOUNT REQUESTED: \$ _____

DESCRIPTION/JUSTIFICATION: (List students or provide the listing form school) for whom request are for and indicate individual amount per student) ****INVOICE FROM VENDOR IS REQUIRED****

***We are requesting to use funds under this Line Item:**

PART C: **COMMITTEE AUTHORIZATION:** (This request **will not** be processed without Two Signature)

IEC Chairperson

IEC Secretary/Treasurer

JOM APPROVAL: DATE RECEIVED: _____ TIME: _____ am/pm

~~ Is this expense allowed for in currently approved Budget? _____

~~ Are MEETING MINUTES approving this expense attached? _____

~~ Sufficient Vendor Information attached? _____

JOM Coordinator

Date

INDIAN EDUCATION COMMITTEE OFFICERS: As of 8/18/98, please begin utilizing this Form to claim Mileage reimbursements. During our Recent BIA Review, we were advised that nay Mileage Reimbursements. During our Recent BIA Review, we were advised that any Mileage Reimbursement Claims must have *Actual Odometer Readings*. Your cooperation is appreciated.

**Johnson O'Malley Program
 ~ MILEAGE FORM ~**

Name/Title

Start Date

Ending Date

Date	Time Left	Departed From	Destination/ Purpose	Time Returned	Odometer Start	Odometer Ending	Total Miles

.55 Cents/Mile X _____ (Total Miles Traveled) =\$ _____

I certify the above Information is True and Correct/Minutes and Expenditure Request forms are attached.

 TRAVELER'S SIGNATURE/DATE

 COORDINATOR'S SIGNATURE/DATE

_____ JOM PARENT COMMITTEE

FY' _____ BUDGET AMOUNT: \$ _____

40% EDUCATIONAL SUPPORT: (Allowable cost include: School Supplies, Athletic Shoes, Shop Supplies, Instrument Rental, Home Economics, Lab Fees, Gym Suits, Testing Fees, Graduation Gowns, Science & Environmental Projects, Scholastic Magazines, Educational Materials, Summer Academic Fees.)

LINE ITEM: CANNOT EXCEEDS _____	AMOUNT:
40% EDUCATIONAL SUPPORT	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
(TOTAL FOR EDUCATIONAL SUPPORT)	\$ _____

LINE ITEM: CANNOT EXCEEDS _____	AMOUNT:
30% INCENTIVE AWARDS	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
(TOTAL FOR INCENTIVE AWARDS)	\$ _____

30% REMAINING FUNDING: (Includes: Administrative Cost, Field Trip (Admission, Meal Expense, Bus Driver Fees, Rental, Awards Banquet, Parent/Student Activity, Speaker Fees, Cultural Activities/Supplies, Activity/Fun Day, Picnics/Traditional Meals, Tutoring.)

LINE ITEM: CANNOT EXCEEDS _____	AMOUNT:
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
(TOTAL FOR REMAINING FUNDING)	\$ _____

As approved by the _____ JOM Parent Committee on _____

Chairperson _____

Secretary/Treasurer _____

