

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.)

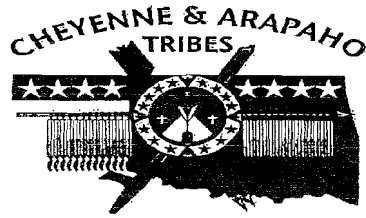
Please rank the following suggestions that you feel are the most important and should be provided by the JOM Program. Select you top four choices with #1 the most important.
(Please number 1-7)

____ 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

OKLAHOMA STATE BUREAU OF INVESTIGATION

Criminal History Record Information Request

6600 North Harvey
Oklahoma City, OK 73116
(405) 848-6724
(405) 879-2503 FAX
http://www.ok.gov/osbi/Criminal_History/

Type Of Search Requested:

- Name Based - \$15.00
- State Fingerprint-based - \$19.00
(Must Include Fingerprint Card)
- Sex Offender
- Mary Rippy Violent Offender

DATE _____

Request Submitted via:

- Fax Mail In Person

Requests will be returned in the same manner received.
Mail requests should include postage-paid reply envelope.
Fax requests must include a dedicated Fax line # for return:

()

ACCEPTABLE FORMS OF PAYMENT: CASH BUSINESS CHECK MONEY ORDER

CASHIER'S CHECK VISA MASTERCARD DISCOVER AMERICAN EXPRESS *Fax requests must include payment by Credit Card.*

CREDIT CARD NUMBER _____ EXPIRATION DATE _____

NAME AS IT APPEARS ON CREDIT CARD _____
(PLEASE PRINT)

CARD HOLDER SIGNATURE (REQUIRED) _____

REQUESTOR INFORMATION: (Type or print clearly in blue or black ink)

REQUESTOR'S NAME _____ SIGNATURE OF REQUESTING PARTY _____

STREET ADDRESS _____
CITY STATE ZIP

PHONE NUMBER _____

PURPOSE OF REQUEST _____

SUBJECT INFORMATION: (Type or print clearly in blue or black ink)

NAME _____
LAST FIRST MIDDLE

ALIAS/MAIDEN NAME(S) _____

DATE OF BIRTH _____ (MM/DD/YYYY). *If date of birth is unavailable, include exact age of subject.*

RACE _____ SEX _____ SOCIAL SECURITY NUMBER _____

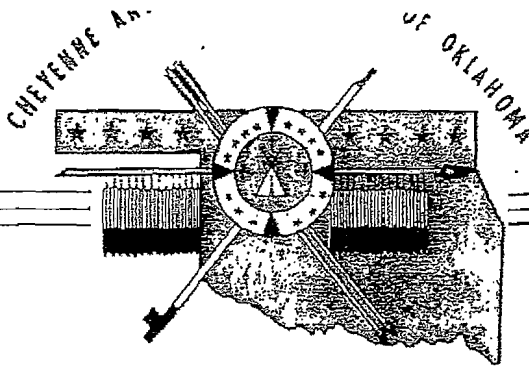
SEARCH RESULTS:

Oklahoma State Bureau of Investigation
Computerized Criminal History

Oklahoma Department of Corrections
Sex Offender

Oklahoma Department of Corrections
Violent Offender

PERSONNEL



(405) 262-0345
Ext. 103
Fax (405) 262-0745

**SUPPLEMENTAL EMPLOYMENT-QUESTIONNAIRE FOR
INDIAN CHILD CARE WORKER POSITIONS**

NAME: _____ SS# _____ DOB: _____

JOB TITLE: _____ DEPT.: _____

P.L. 101-630 requires that employment applications for child care positions that involve regular contact with or control over Indian children, ensures that the person hired for these positions have not been found guilty of, or pleaded, nolo contendere (no contest) to violent crimes or drug felonies.

1. Have you ever been arrested for or charged with a crime involving a child? (If yes, provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name and address of the police or court involved.) YES NO

2. Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to any offence under Federal, State or Tribal Law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; or crimes against persons? (An Affirmative answer makes applicant ineligible for employment). YES NO

I certify that my response to these questions are made under penalty of perjury, which is punishable by fines of up to \$2,000.00 or 5 Yrs imprisonment, or both; and I have received notice that a criminal background check will be conducted. I understand that my right to obtain a copy of any criminal history report made available to the Cheyenne-Arapaho Tribes and my right to challenge the accuracy and completeness of any information contained in the report.

Signature: _____ Date: _____

Social Services, Law Enforcement, Child Care Programs, HeadStart Programs, Youth Shelter, and ICW personnel, and other programs employing persons who have regular contact with or control over Indian children. Foster Parents and other adults residing in a foster home.

Indian Education Committee Member Ethics and Code of Conduct Agreement

As a member of the Cheyenne & Arapaho Tribes - Johnson O'Malley IEC, I shall adhere to the following code of conduct; and shall:

- Represent all IEC-Parent Committees (PC) honestly and equally and focus on the interests and mission of this organization.
- Avoid any conflict of interest or the appearance of impropriety and shall not use IEC committee membership for personal gain.
- Recognize that an IEC member has no legal authority as an individual and decisions can be only made by a majority vote at a committee meeting.
- Take no private action that might compromise the Committee or program administration and shall respect the confidentiality of privileged information.
- Encourage and respect the free expression of opinion by fellow committee members and others.
- Abide by majority decision of the Committee, while retaining the right to seek changes in such decisions through ethical and constructive channels with respect to the Chain of Command as stipulated in the JOM Handbook. *-Grievance Procedures*
- Be involved and knowledgeable about not only local educational concerns, but also about state and national issues.
- Not intrude into management or make staff decisions.
- Provide two weeks advance notice in writing upon decision to resign position within committee and upon resignation will return all Committee materials to the JOM Program Director.

The role of the IEC Committee member shall be to:

- Attend local PC and IEC meetings as duly called.
- Define Mission and Vision and determine long and short term goals for the JOM Program.
- Monitor and evaluate the JOM program and its progress in relation to its Mission, Vision, and goals.
- Develop policies that set the parameters for IEC and local PC governance, and program operations.
- Provide stewardship of the fiscal resources in relation to the mission of the JOM program.
- Ensure timely submission of appropriate documents for local PC.
- Maintain avenues for effective communication with all stakeholders.
- Advocate for students and quality public & tribal education.
- Abide by all laws, rules, and regulations and policies; and model ethical behavior at all times.

I, _____, have read and will abide by the code of conduct and roles as stated above, and by my signature affixed hereto, I understand that any failure to adhere to the aforementioned code of conduct and roles of an IEC member **may** result in my dismissal as IEC member in accordance to the approved bylaws as stipulated in the JOM Parent Handbook.

Signature

Date

Print Name

Cheyenne Arapaho Education Department Education Gaming Application



Academic Year 200____ - 200____ Date of Application _____

Which of the following categories are you applying for funds:

(Please read and check one of the following. If you are unsure of which category to check, please read "EDUCATION DEPARTMENT PROGRAMS GAMING ALLOCATION PLAN 2005"

- ___ 1. Direct College Expenses - This includes those students who are not eligible under the BIA HE Contract guidelines with demonstrated need, full time student expenses such as tuition, fees and books and any emergency supplemental needs.
- ___ 2. Part Time Student Expenses - Tuition, fees and books for part time students at college and/or vocational schools which includes but not limited to non-service areas students.
- ___ 3. College GPA Incentive Awards - based on semester GPA for full time students
- ___ 4. HS Senior Expenses -\$100 per student for HS Senior related expenses.
- ___ 5. Graduation from GED, HS and College Incentives -
- ___ 6. College Prep Expenses - ACT and SAT Fees, Workshop Participation, College Campus Tours, Cheyenne Arapaho Scholars Program (student who participate in the OHLAP program (Oklahoma Higher Learning Access Program), College Concurrent Enrollment and College Admission fees.
- ___ 7. Correspondence Courses/Certification Fees - Summer School fees for HS students who need to graduate on schedule.
- ___ 8. Enrichment Programs - Assistance for Students who have been selected to participate in an academic program or camp.
- ___ 9. Haskell and SIPI Expenses - Transportation and Fees
- ___ 10. School Clothing and Eye Glass programs.
- ___ 11. Special Circumstances and Special Requests for Assistance

PART 1- TO BE COMPLETED BY STUDENT OR PARENT/GUARDIAN OF STUDENT

STUDENT'S NAME _____ SS# _____

DATE OF BIRTH _____ AGE _____ GRADE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

MESSAGE PH _____ PHONE _____ SEX _____ M _____ F

MARITAL STATUS: () SINGLE () MARRIED () DIVORCED () DEPENDENTS (NOT INCLUDING STUDENT) _____

TRIBAL ROLL# _____ PLEASE ATTACH A COPY OF YOUR CDIB.

PARENTS/GUARDIANS NAMES AND ADDRESS: _____

STATEMENT OF PRIVACY

The Cheyenne — Arapaho Tribes of Oklahoma has a contract with the Bureau of Indian Affairs Higher Education Assistance Program which operates under the general authority of 24 USC Chapter 13, 42 Stat. 208 P1. 61-85 with specific legislation contained in 25 USC, Subchapter B, Part H. Administration of Educational Loans, Grants, and Other Assistance for Higher Education. In accordance with the accountability required for the Administration of the funds appropriated for the program and in order to provide service to recipients, and to declare eligibility, certain information is needed of applicants. This form solicits the required information. Use of personal data will be available to authorized sources upon request. The applicant should understand that the intent of collecting and maintaining this data on individuals in for determining eligibility of the applicant and to provide the means for producing certain statistical records required of this office. Failure on the part of the applicant to provide the requested information will preclude the applicant from eligibility in obtaining higher education assistance under this program.

I have read the statement on privacy listed with this application form. I hereby provide the required information and authorize the use of such information to the extent of the uses specified in the statement.

Student Signature: _____ Parent Signature: _____

**Return To: EDUCATION DEPARTMENT, ATTN: GAP, Cheyenne & Arapaho Tribes, P O Box 38
Goncho OK 73022 (405)262-0345 OR 1-800-247-4612, ext. 27568 OR ext. 27560**



~PROJECT EYES~

Date of Application: _____

- *Basic eyeglass exam and/or contact lens exam purchases will be provided up to \$100.00 per student.
- *Contact fitting fees will be paid by parent/guardian.
- *Eyeglasses and/or Contact Lens assistance will be provided up to \$100.00 per student.
- *Students will be eligible for assistance on a bi-annual basis.
- *Students must be attending a public school in grades HDS-12th grade.
- *Any amount over approved amount will be the responsibility of the purchaser.
- *Eyeglass/Contact and exam purchases will be made only to the vendor.
- *Any follow-up (adjustments) will be the responsibility of the parent/guardian.
- *Warranty information (broken glasses) will need to be addressed to the vendor.

Student Name: _____ DOB: _____

School Attending: _____ Grade: _____

Tribal Enrollment: # _____ Phone: # _____

Parent/Guardian Signature	Address	City/State/ZIP
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Make Check Payable To/Vendor Name & Address:

Is student receiving assistance from another Resource? Y N If yes, please list.
Other Resources:

OFFICE USE

CDIB # _____ COST of Exams: \$ _____

School Enrollment Verified: _____ COST of Glasses:\$ _____

Copy of Prescription Rec'd: _____ Project EYES:\$ _____
(Maximum \$200.00)

Check # _____ Approved Amount: \$ _____

Approved by: _____