Johnson dax"čawatilali	O-Malley (JO	M)
Youth Information:		
Legal Name (First, Last):		
Federally Recognized Tribes:		Age:
School:	•	ade:
Parent/Guardian Information	 (ie: student receiving free or reduced lunches are eligible) for J from the JOM Director. If you have questions or concerns plea 	tudents must meet eligibility requirements OM fee. All requests are subject to approval
		Please Select One:
Phone Number: Mailing Address:		Mail
		Pick Up
Funding Request: *Must have class Shoe Voucher: *Please select one of the vend	ss schedule attached and invoice of cost. dors below:	
□ Nike □ Fred Meyer	Foot Locker	
Class Supplies Physical Education Mathematic Calculator	Extra Field Trips/Workshops Credit Retrieval	
Music Choir/Band Rental, Etc.	Other Specifics Upon Ap	proval Account to Guidelines
Art Fees/Supplies	Graduation Fees/Suppli	es
Extracurricular Activities/Fees	Graduation Stipend	

Office Use Only:	Date Received:		Staff Initials:	
Coordinator Signatu	ire:		Approved	
Executive Signature	:		Approved	
Requisition:		Starting Balance:		Ţ.
Date:		Requested Amount:		0000 00 7
Initials:		Present Balance:		25,25773 (Bevi
				200