Johnson Johnson Johnson	on O-Malley (JON	M)
Youth Information:		
Legal Name (First, Last):		
Federally Recognized Tribes:	Enrollment #:	Age:
School:	Gra	ade:
Parent/Guardian Informa	Student must be enrolled in a federally recognized Tribe and at sources cannot be duplicated with other tribal departments. St (ie: student receiving free or reduced lunches are eligible) for JC from the JOM Director. If you have questions or concerns please	tudents must meet eligibility requirements OM fee. All requests are subject to approval
Legal Name (First, Last):		
Signature:		
Phone Number:		Please Select One:
Mailing Address:		🗌 Mail
		Pick Up
Funding Request: *Must ha	ave class schedule attached and invoice of cost.	
Shoe Voucher: *Please select one of the	ne vendors below:	Yearly allowable <b>\$500</b>
□ Nike □ Fred Mey	er 🗌 Cabela's	Shoe PO <b>\$90</b>
Class Supplies  Physical Education Mathematic Calculator Music Choir/Band Rental, Etc. Art Fees/Supplies Extracurricular Activities/Fees	Extra Field Trips/Workshops Credit Retrieval Other Specifics Upon Ap Graduation Fees/Supplie Graduation Stipend (\$50	

Office Use Only:	Date Received:		Staff Initials:
Coordinator Signature	:		Approved
Executive Signature:			Approved
Requisition:		Starting Balance:	
Date:		Requested Amount:	
Initials:		Present Balance:	