



PEORIA TRIBE

OF INDIANS OF OKLAHOMA
118 S Eight Tribes Trail. | Miami, OK 74354
(918) 540-2535 | rnair@peoriatribe.com

Johnson O'Malley (JOM) Program

(ASSISTANCE PROGRAM IS BASED ON FUNDING AVAILABILITY EACH YEAR)

MAX \$200

For students to actively participate in school activities, education support items are sometimes needed. Parents/ Guardians must complete this application for assistance and attach original receipt/ invoice ticket for requested items and copy of enrollment card. *Assistance is eligible for one student per academic year. Assistance programs are based on funding eligibility each year. Speech therapy must have dr order, Co pay/ Private pay receipt, not be conducted at the school or paid for by Sooner Care/ Medicare. Private tutoring must be completed by an accredited teacher/agency, not be conducted at the school and have a valid invoice and valid receipt of payment.*

Student Name (printed):

Date of Birth: Peoria Tribal Roll #: Grade: School Year:

Parent/Guardian Name:

Mailing Address:

Email: Phone #:

Assistance Request: *Assistance is eligible for one student per academic year.*

Please check one:

- | | |
|----------------------------|--|
| Chromebook fees (max \$30) | Private tutoring or Speech (max \$150 yr.) |
| Vo-Tech fees | Letterman Jackets |
| ACT/SAT fees | College App fees |
| Other | |

Vendor: Total Cost Requested:

Check payable to:

Parent/Guardian Signature:

Date

DO NOT FILL IN BELOW THIS LINE

Does this applicant meet the criteria for services: Approved: Denied:

Reason for denial:

JOM Coordinator Signature: Date:



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Johnson O'Malley (JOM) Program SENIOR GRADUATION ASSISTANCE PROGRAM *(Assistance is one time and max \$150)*

Student Name (printed):

Date of Birth:..... Peoria Tribal Roll #:..... Grade:

Parent/Guardian Name:

Mailing Address:

Email:..... Phone #:

Assistance Request:

Please check one:

Senior Cap/Gown

Senior Portraits

Senior Graduation
Announcements

Letterman Jacket (payments made directly to Vendors must have Vendor's W9 submitted in the application)

Vendor: Total Cost Requested:

Please submit:

- Completed Application
- Copy of Peoria Tribal Card
- Invoice for payment (payment for Vendor Directly)
- Invoic and Receipt of pyament for reimbursement

Please read before signing:

I understand that the above infomration, if false, may lead to the disapproval of this application. I certify that the informatio is true and correct to the best of my knowledge.

.....
Parent/Guardian Printed Name:

.....
Parent/Guardian Signature:

.....
Date

DO NOT FILL IN BELOW THIS LINE

Does this applicant meet the criteria for services: Approved: Denied:

Reason for denial:

JOM Coordinator Signature: Date:



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Johnson O'Malley (JOM) Program

GPA INCENTIVE AWARD APPLICATION

(Assistance program is based on funding availability each year)

This program is available to students enrolled in the 1st - 11th grades who have been promoted to the next grade level and for 12th grade students who have made a 2.5 GPA or above at the end of the current academic school year. **Incentive amounts and Incentive program are based on the availability of funds.** **Applications and required documentation must be postmarked by the June 30th deadline.**

Please submit: 1) Application 2) Peoria Enrollment Card 3) Both semester copies of official report card/transcript (for 1st to 11th grade) or official transcript (for 12th grade). Report Cards and Transcripts must include the 1st and 2nd semester grades, child's name, school name and be submitted at the same time to be eligible for incentive.

INCENTIVE AMOUNTS

- 1st grade-3rd grade \$25 with all Satisfactory and above or 2.5-4.0 GPA
- 4th grade-8th grade \$50 with a 2.5-3.5 GPA
- 4th grade-8th grade \$100 3.6-4.0 GPA
- 9th grade-11th grade \$50 with a 2.5-3.5 GPA
- 9th grade-11th grade \$100 with 3.6-4.0 GPA
- 12th grade \$100 with a 2.5-3.5 GPA
- 12th grade \$150 with a 3.6-4.0 GPA

Student Name (printed): Peoria Tribal Roll #:

Final GPA for Current Academic School Year: Grade: Date of Birth:

Parent/Guardian Name:

Mailing Address:

Email: Phone #:

.....
Parent/Guardian Signature:

.....
Date

PLEASE NOTE: INCOMPLETE APPLICATIONS CANNOT BE PROCESSED
DO NOT FILL IN BELOW THIS LINE

Enrollment Verification Attached: YES NO

Report Card/Transcript Attached: YES NO

Does this applicant meet the criteria for services: Approved: Denied:

Reason for denial:

JOM Coordinator Signature: Date:



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Johnson O'Malley (JOM) Program CONCURRENT CLASSES APPLICATION \$300 YEARLY MAX *(Assistance program is based on funding availability each year)*

Student Name (printed): Peoria Tribal Roll #:

Email Address:

Grade: Academic School Year:

School Name:

School Address: School Phone #:

Parent/Guardian Name:

Parent/Guardian Signature: Date:

Parent/Guardian Address:

Parent/Guardian Phone Number:

Verification of Enrollment for (Student's Name):

Dear School Official: Please verify whether the above-named student is enrolled in
Concurrent Classes during the Academic Year of: 20 /20

Concurrent Classes Student is enrolled in:

Cost of Concurrent Classes:

Name of College/University:

Printed Name of School Counselor/Administrator:

Signature of School Counselor/Administrator: Date

Please attach receipts, tribal ID, and completed application for reimbursement. If payment is being made directly to the vendor, attach their W9 with completed paperwork.

Approved: Denied: JOM Coordinator: