



Wichita and Affiliated Tribes  
Education Services Department

P.O. Box 729 – Anadarko, OK 73005  
Telephone (405) 247-8612 – Fax: (405) 247-5687  
www.wichitatribe.com

Johnson O'Malley Education Support Application  
School Year 20\_\_-20\_\_

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.** Please return to the Wichita and Affiliated Tribes Education Services Department located at the Wichita Tribal Complex. *Assistance is eligible for one student per academic year.*

**PLEASE PRINT CLEARLY**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip code)

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

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

(Please circle all that apply): Athletic Shoes ACT Test Fees Senior Cap & Gown

Other (please explain): \_\_\_\_\_  
\_\_\_\_\_

Vendor: \_\_\_\_\_ Total Cost Requested: \$ \_\_\_\_\_

**PLEASE READ BEFORE SIGNING:** I understand that the Johnson O'Malley Program has permission to check on the actual income of myself (and spouse). I also understand that the above information, if false, may lead to disapproval of this application. I certify that the information is true and correct to the best of my knowledge.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT FILL IN BELOW THIS LINE**

Does this JOM Program have a CDIB on this student? Yes \_\_\_\_\_ No \_\_\_\_\_

Does this applicant meet the criteria for services? Yes \_\_\_\_\_ No \_\_\_\_\_

Approved \_\_\_\_\_ Amount: \_\_\_\_\_ Disapproved \_\_\_\_\_

Reason for disapproval: \_\_\_\_\_

\_\_\_\_\_  
JOM Coordinator Print

\_\_\_\_\_  
JOM Coordinator Signature

\_\_\_\_\_  
Date