



## 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 Student Certification School Year 20\_\_-20\_\_

**Student Eligibility Statement:** Tribally enrolled students, beginning age 3 years through grade(s) 12, shall be eligible for JOM benefits provided they are  $\frac{1}{4}$  or more degree "Indian blood" or a member of a federally recognized Indian Tribe. Students enrolled in sectarian or at BIE operated schools are ineligible (25 CFR, Education Contracts under JOM Act, §273.12). A copy of the students Certificate of Indian Blood (CDIB), Tribal ID, or Tribal Enrollment Verification is required to determine eligibility.

#### Please Print Clearly

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **Grade Level:** \_\_\_\_\_ **T-Shirt Size:** Circle One Youth/Adult \_\_\_\_\_ (s/m/l/xl/etc.)

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

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

**Mailing Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

**Physical Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

**Name of Tribal Agency:** \_\_\_\_\_ **Degree of Indian Blood:** \_\_\_\_\_ **Tribal Enrollment #:** \_\_\_\_\_

*\*\*If you are a new student, you must submit a copy of CDIB, Tribal ID, or Tribal Enrollment Verification Letter to the JOM Program.*

**School Name:** \_\_\_\_\_

**School Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

**Please read before signing:** I understand that my child's eligibility for services must be established before he/she will receive any assistance through the Johnson O'Malley Program. My signature certifies that the information given is correct and documentation is available to verify eligibility.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Signature of student if 18 years old)

**DO NOT FILL IN BELOW**

The above information has been reviewed by the JOM Indian Education Committee and certifies that the student listed above is:  
Eligible to receive JOM Program Services based on verified documents: Yes \_\_\_ No \_\_\_

**IEC Name:** \_\_\_\_\_ **IEC Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_