Dear ________________________________
Family of _________________________________

Your child has requested assistance from the JOM Program. Basic services from the JOM program include:

- Basic School Supplies/school related fees
- Graduation cap and gown assistance
- Math Calculator/Special Equipment/special supplies
- Class Related items and fees
- Team Sports Health and Wellness Assistance
- Extra Curricular Activity Field Trip Assistance
- School band equipment rental
- Running Start/Summer School/Driver’s Ed/remedial courses/SAT/ACT testing fees
- Call the Education Department to check if your request is an allowable cost
- Attend mentoring workshops, job skills workshops, college career exploration workshops

In order to apply for assistance from the Johnson O’Malley Program, your child must first complete the following:

- a Title VII 506 Form
- Your child must have a Certificate Degree of Indian Blood (CDIB) documentation or Tribal Enrollment card/verification to qualify for JOM Services
- Submit your CDIB or Tribal enrollment information to the Education Department
- Complete the appropriate form for the service you are requesting

Jessica Williams is the coordinator for the BIA programs. Please contact her at 360 966 9696 or email her at Jessica.williams@nooksack-nsn.gov

Take care,

Donia Edwards, MEd., Education Director
Nooksack Indian Tribe
Health and Wellness Fund
Johnson O’Malley Fund
SEMESTER 20

To apply for the Health and Wellness Fund, complete and return this form by _________ (DATE) for ( ) fall ( ) winter ( ) spring ( ) summer Sports. Return this form and the coach’s confirmation by email, fax or mail to Jessica.williams@nooksack-nsn.gov

Student may only apply for one sport/semester

Student Name: ___________________________________________ Date: ____________________

List Item(s): ____________________________________________ Total Cost: ______________

Sport Participating in: ____________________________________

Team Level: Freshmen ______ JV ________ Varsity_______ Elementary______Other _______________

School: ___________________ Grade: ______________

Is this sport a part of the school’s extracurricular activities? _______ If no, name of organization sponsoring team play: ________________________________

Parent/Guardian: _______________________________________

Address: ______________________________________________ State, City, Zip: ___________________

Telephone: ___________________ Emergency Contact/Name: ________________________________

Parent Email Address: __________________________________________

I hereby certify that all of the above information is true and correct to the best of my knowledge. I understand that I must apply each semester for services provided by the Nooksack Indian Tribe. I agree that if I quit or am released from the team for negative behavior, that I will not be allowed to apply for future team sports incentives.

______________________________Date______________________________

Parent/Guardian Signature

*******************************************************************************

(Date) ( ) APPROVE ( ) NOT APPROVED by ________________________________

*******************************************************************************
COACH’S CONFIRMATION

() FALL () WINTER () SPRING () SUMMER  20____
Due ______________, 2018

Student’s Name:____________________ School/organization :______________________

Sport:________________________________________________________ Level:_______________________
(Fresh/JV/Varsity/Elementary/Boys and Girls Club)

Expenses/Equipment/registration fees required for the team:

______________________________________________  ______________________________
______________________________________________  ______________________________

______________________________________________  ______________________________

** Student must return this form with Health and Wellness/JOM application to receive assistance. **

My signature below verifies that this student is eligible and plays on the above mentioned team for the school or organization indicated above. I understand that I need to contact the Nooksack Education Department if the student is released from the team so that the student can be held responsible for incentives they received from the Nooksack Indian Tribe.

______________________________________________  ______________________________
Coach’s Printed Name  Team/Organization

______________________________________________  ______________________________
Coach’s Signature  Date

______________________________________________  ______________________________
Coach’s Email Address  Coach’s Direct Telephone Number

Please attach documentation for fees, equipment, supplies and vendor information
If you have questions or concerns, please contact Jessica Williams at 360 966 9696 or email her at Jessica.williams@nooksack-nsn.gov
School Supplies/school related fees Application

Student’s Name: ________________________________ Student’s Tribe(s): ________________________________

School: _______________________________________ Teacher ___________________ Grade: ____________

Parent/Guardian Name: ____________________________________________ Phone: __________________________

Address: __________________________________________ State, City, Zip: ______________________________

Email Address: __________________________________________ Emergency Phone & Name: _____________________

Please mark what you are applying for: ( ) School Supplies ( ) Band Equipment ( ) School fees (specify)_________
( ) Graduation Expenses ( ) Driver’s Ed Fees ( ) ASB Fees ( ) Running Start ( ) SUMMER SCHOOL FEES
( ) Remedial/Credit Retrieval fees ( ) SAT/ACT testing fees Other (please specify)

________________________________________________________________________________________________________________________________________

I certify that all of the above information is true and correct to the best of my knowledge.

__________________________________________________________________________________________

Parent/Guardian Signature ___________________ Date ________

List of supplies, services requested or cost of expenses: (provide vendor information-who shall the check be payable to and where to mail the check)

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

ATTACH SCHOOL NOTIFICATION such as registration, notification of the expense and who to pay the fee to or have the teacher use their school email to request payment or services to jessica.williams@nooksack-nsn.gov
Calculator or special equipment/supplies Application

PARENTS: To apply for a scientific calculator needed for a math class or other special equipment/supplies, complete and return this form by September 1 for the Fall semester and February 1, for the Spring semester. Return by email, fax or mail to the information above. If you or the teacher has any questions, please contact Jessica Williams at 360 966 9696 or email her at Jessica.williams@nooksack-nsn.gov

Student Name: ______________________________________________ Date: _________________

School: __________________________ ID #: __________________ Grade: __________

Student email: ______________________________________________ Student Phone #: __________________

Parent/Guardian Name: _________________________________________________________________________

Parent Email Address: ____________________________ Parent Phone #: ______________________________

I hereby certify that all of the above information is true and correct to the best of my knowledge. I understand that I must apply each year for services provided by the Education office. I also agree that if I abuse any assistance from JOM that I forfeit my right to reapply for assistance.

____________________________________________________________________________________________

Parent/Guardian Signature Date

____________________________________________________________________________________________

Student Signature Date

Calculator Information : To be completed by Math Teacher

Calculator Description (model, brand, etc.)________________________________________________________

Is this a Scientific Calculator? ______ What class is this needed for?_____________________________

Math Class Teacher must sign in order to confirm student’s enrollment in the class and to verify and approve what type of calculator is needed.

Math Teacher’s Name (please print) Math Teacher’s email

Math Teacher’s Signature Date
Class Related Item Assistance

Parents & Students: if your child has class related expenses or fees (such as shop fees, choir fees, art fees, etc.) please return your completed form to Jessica Williams at Jessica.williams@nooksack-nsn.gov or contact her at 360 966 9696

Student Name: _______________________________ Date: ______________

School: ___________________________ Grade: ________ Semester/Quarter ____________

Student email: ___________________________ Student Phone #: __________________

Parent/Guardian Name: ______________________________________________________________

Parent Email Address: ___________________________ Parent Phone #: __________________

I hereby certify that all of the above information is true and correct to the best of my knowledge. I understand that I must apply each quarter for services provided by the Education Department. I also agree that if I abuse any assistance from NIT JOM that I forfeit my right to reapply for assistance.

_________________________________________ Date

Parent/Guardian Signature

_________________________________________ Date

Student Signature

*******************************************************************************

Class Related Item : To be completed by class teacher

Name of Class: ___________________________ Teacher’s Name: ___________________________

Suggested store/vendor: ____________________________________________________________

<table>
<thead>
<tr>
<th>ITEM</th>
<th>DESCRIPTION OF ITEM</th>
<th>QUANTITY</th>
<th>PRICE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The teacher of the class requesting the items must sign this form in order to confirm student’s enrollment in class and to verify and approve what type of items are needed.

_________________________________________ Date

Teacher’s Signature

________________________________________________________________________

Teacher Email
Senior Cap & Gown Application
Congratulations Senior!

It is with great pleasure to honor you with an incentive award for completing your high school education. Nooksack Indian Education Department will pay for Johnson O’Malley students’ graduation Cap & Gown.

To apply for your cap and gown incentive award, please complete this form and return it by ________________, 20___. Return this form to the Nooksack Education Department or contact Jessica Williams at Jessica.williams@nooksack-nsn.gov 360 966 9696

Senior’s Name: ______________________________________ School: ________________________

School ID #: _______ Graduation Date:___________ Height:_______ Weight:_______

Student Address: _____________________________________ State, City, Zip: ________________

Telephone: ______________________ Email address:______________________________________

Please check all that apply:
YES! I want to attend the Nooksack Education Honor Banquet. Please send me an invitation.
Next year I plan to:

Attend College College name: ______________________________
Vocational Education School name: ______________________________

Military Military Branch:____________________________
Work Employer:_____________________________________
Other Please describe:________________________________

I hereby certify that all of the above information is true and correct to the best of my knowledge. I give permission for my photo to be taken and used for any publication associated with the Nooksack Education Department.

____________________________________    ______________________
Senior Signature                     Date

To be completed by Senior Sponsor or Senior Counselor:

Sponsor/Counselor Name:_________________________ Sponsor/Counselor Phone #:____________________
Cap & Gown Company Name for your School: ___________________________________________________

I believe that the above student will be graduating from the above high school with the graduating Class of 2017. This student is eligible to receive Cap and Gown assistance and is on track to graduate.

____________________________________    ______________________    ______________________
Sponsor/Counselor                      Signature Date              Sponsor/Counselor email
EXTRA CURRICULAR ACTIVITY FIELD TRIP ASSISTANCE REQUEST

Parents & Students: to apply for assistance to help you attend a school sponsored extra curricular activity/field trip, complete and return this form and return to Jessica Williams at Jessica.williams@nooksack-nsn.gov 360 966 9696. Please Attach any brochure, travel information, documents related to this student and this trip.

Student Name: ______________________________________________ Date of birth: _________________
School: ___________________________________ Grade: ___________ Semester/Quarter ______________
Student email:_____________________________________ Student Phone #:___________________
Parent/Guardian Name: ______________________________________________________________
Parent Email Address:_______________________________ Parent Phone #:_____________________

I hereby certify that all of the above information is true and correct to the best of my knowledge. I understand that I must apply each quarter for services provided by the Education Department. I also agree that if I abuse any assistance from NIT JOM that I forfeit my right to reapply for assistance.

___________________________________________
Parent/Guardian Signature Date

___________________________________________
Student Signature Date

**********************************************************************************************

Field trip information : To be completed by class teacher or advisor
Name of Class:________________________________________ Teacher’s Name: _______________________
Field trip location:___________________________________________________________________________
Field Trip dates of travel _______________________________________________________________________
List of Field trip related expenses:
___________________________________________________________________________________________
___________________________________________________________________________________________

List of field trip related expenses covered by school:
___________________________________________________________________________________________
___________________________________________________________________________________________

Total Cost Requested __________________________ Total Costs Provided By School ______________________

I believe that the above student was selected to participate in this field trip. Is in good standing with grades. Has met all the minimum required criteria as set by the school to attend. This student is eligible participate in the field trip.

___________________________________________
Sponsor/Counselor Signature Date

Sponsor/Counselor email

Please Attach any brochure, travel information, documents related to this student and this trip.
Nooksack Indian Tribe Johnson O’Malley Program Application

Student Information please print
Child’s full legal name: _________________________________ Male ___ Female ___
Tribal Affiliation: _________________________________
Date of Birth: _________________________________ Grade: ____________
School: _________________________________ City: ____________ State: ____________
Is your child in Special Education? ___ Yes ___ No
Does your child have an IEP? ___ Yes ___ No

Parent/Guardian Information please print
Parent/Guardian name: _________________________________ Tribal Affiliation: _________________
Address: __________________________________________________________________________
Phone Number: _________________ Alternate phone number: _______________________________
Email Address: _________________________________

Is your child participating in extracurricular activities with fees and expenses and may also require the following items?:

__ Athletic Shoes __ Extra curricular uniforms __ School/class fees
__ Field trip dues __ Activity needs/supplies __ Band instrument
__ Graduation Gown __ ACT/SAT testing fees __ Eye glass assistance
__ Technical/summer/science camp school fees __ Remedial/credit retrieval fees

Parent/Guardian Signature
This completed application will serve as a Release of Confidential Information for my child’s school personnel and also a consent to release any school information regarding my child, as requested by the JOM contact personnel.

I give consent for the Nooksack Indian Tribe Education JOM Program to take pictures of my child and give my permission to release and utilize photos for JOM activities ___ Yes ___ No
I also agree that NIT enrollment can verify enrollment status for services ___ Yes ___ No

Parent/Guardian Signature: __________________________________________ Date: ____________

Nooksack Tribe Education Department
P.O Box 157, Deming WA 98244 – 5604 Mission Rd., Bellingham, WA 98226
(360)-592-5176  (360)-966-9696
Jessica Williams, Assistant to Education Director
jessica.williams@nooksack-nsn.gov