**Funding Request Application**

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| **Student Name:** | | | | | **DOB:** |
| **Address:** | | | | | |
| **Phone:** | | | **Email:** | | |
| **Name of Tribe:** | **Enrollment #:** | **\_\_\_\_ Descendent-** at least one biological parent or grandparent enrolled in a federally recognized tribe.  (Must provide supporting documentation, i.e., birth certificates) | | | |
| **School Attending:** | | | | | **Grade:** |
| **Parent/Guardian:** | | | | **Tribe:** | **Enrollment #:** |
| **Phone:** | | | | **Email:** | |
| Please select one: \_\_\_\_ Mail \_\_\_\_ Pick up  Mailing Address, if different than above: | | | | | |
| JOM will reimburse up to **$50** for eligible services, unless posted otherwise. **Based on funding availability.**  **\_\_\_\_ School curricular/extracurricular activities \_\_\_\_ Class fines/fees**   * Team uniform, shoes, equipment **\_\_\_\_ Technology Insurance** * Band instruments **\_\_\_\_ Other educational needs:** * Sports fees \_\_\_ eyeglass hardware   **\_\_\_\_ Running Start fees** *(Up to $500 per academic year)* \_\_\_ school supplies  **\_\_\_\_ ASB card** *(Student athlete)*  **\*\*IMPORTANT!!\*\***  **All payments will be in the form of a reimbursement.**  **Please submit a completed application, a receipt/invoice, a W-9 form, and a copy of the card used if paid using a debit/credit card. Must show name and last four (4) digits, as well as the three (3) digit security code. Once all documents are received and reviewed, they will be routed for reimbursement payment.**  **Parent/Guardian/Adult Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| **Are you a 477/TANF Client?** **Yes \_\_\_\_\_ No** \_\_\_\_\_  \*If yes, and by initialing below, you understand that JOM cannot provide the same type of service that is already provided by that agency for the school year, which will be verified by the JOM staff prior to approval/denial decision.  ***Please initial: \_\_\_\_\_\_*** | | | | | |
| **\*\*\*For Office Use Only\*\*\***  **JOM Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount used: $ \_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount available: $ \_\_\_\_\_\_\_\_\_\_**  **Remaining balance: $ \_\_\_\_\_\_\_\_\_\_** | | | | | |

**School Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**