Osage Nation
Education Department
102 Buffalo Ave., PO Box 250
Hominy, OK 74035
918-287-5300
education@osagenation-nsn.gov

Johnson O'Malley Student Application

APPLICANT INFORMATION

NAME: _____
Last First M.I.

DATE OF BIRTH: _____ GRADE: _____ GENDER: _____

NAME OF FEDERALLY RECOGNIZED TRIBE: _____

NAME OF SCHOOL SYSTEM (INCLUDE CITY): _____

CONTACT INFORMATION

PARENT / GUARDIAN: _____

EMAIL: _____ PHONE: _____

MAILING ADDRESS: _____
Street Address Apt/Unit # City Zip Code

CERTIFICATION

Please read the statement below and sign to verify the information. Attach a copy of the tribal card or document. This form and a copy of the student's Indian CDIB or tribal enrollment card must be submitted before the student can receive any services. The student receiving Johnson O'Malley (JOM) school supplies, or services, must be enrolled in the identified school system named above.

By signing below, I certify that all information I provided is true and correct. I also understand the information may be confirmed for review and verification. If it is determined that I falsified any of this information, I will be subject to criminal jurisdiction in Osage Nation Court and/or federal court under laws applicable to these funds.

SIGNATURE OF PARENT/GUARDIAN (MUST BE OVER 18 TO SIGN) **DATE**

FOR OFFICE USE ONLY

RECEIVED VIA: WALK IN EMAIL FAX MAIL

INITIALS OF STAFF:

VERIFIED AND APPROVED BY:

RECEIVED