

QUARTZ VALLEY INDIAN RESERVATION
JOHNSON O'MALLEY

ELIGIBILITY INSTRUCTIONS

IN ORDER TO APPLY FOR AN ENTITLEMENT GRANT UNDER PUBLIC LAW 93-638, CFR 25, THE PROGRAM APPLICANT MUST DETERMINE THE NUMBER OF ELIGIBLE INDIAN CHILDREN TO BE ENROLLED.

- Items 1-4 allows the parent one form for all children in the family.
- Item 5 provides certification of eligibility by the Parent/Legal Guardian signature.
- Items 6-7 are reserved for the Indian Education Committee, who must certify with the applicant the total number of eligible children that are qualified to participate in the program.

JOHNSON O'MALLEY, CFR 25, 273.12 ELIGIBLE STUDENTS STATES:

- Age 3 years through grade 12
- $\frac{1}{4}$ or more degree Indian Blood
- Recognized by the Secretary of the Interior as being eligible for Bureau of Indian Affairs services

YOU ARE NOT REQUIRED TO SUBMIT THIS FORM; HOWEVER, IF YOU CHOOSE NOT TO SUBMIT IT, YOUR CHILD CANNOT BE COUNTED FOR ENTITLEMENT FUNDING UNDER JOHNSON O'MALLEY, CFR 25.

Quartz Valley Indian Reservation

Johnson O'Malley (JOM)

Indian student Enrollment/Certification of Eligibility under P.L. 93-638 CFR 273.18(K), (1)

| Last Name | First Name | M.I. | Date of Birth | Grade | School |
|-----------|------------|------|---------------|-------|--------|
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The Student(s) listed above is/are $\frac{1}{4}$ or more degree Indian Blood? Yes No I don't know
 The Student(s) listed above is/are members of a federally recognized tribe? Yes No I don't know

| Tribal Affiliation of: | Name of Tribe | Enrollment # |
|------------------------|---------------|--------------|
| Student Name: | | |
| Student Name: | | |
| Student Name: | | |
| Student Name: | | |
| Student Name: | | |
| Parent/Legal Guardian: | | |

MY SIGNATURE CERTIFIES THAT THE INFORMATION GIVEN IS CORRECT AND VERIFIES ELIGIBILITY.

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|---|--|
| Print Name and Address of Parent/Legal Guardian _____ _____ _____ | Signature of Parent/Legal Guardian (Signature of Student if 18 years old) X. _____ Date: _____ |
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|---|--|
| DO NOT FILL IN BELOW (Space is reserved for the QVIR JOM Parent Committee) | |
| The above information has been reviewed by the Parent Committee and certifies that the student(s) listed are: Eligible to receive JOM Program Services: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Print name of QVIR Parent Committee Member Reviewer: _____ _____ | Signature of Parent Committee Member: X. _____ Date: _____ |

Instructions: Copy retained by applicant agency for three years.