

Quartz Valley Indian Reservation

Johnson O'Malley Program (JOM)

Request Form



Form #: _____

| | | | | |
|--|---|-------------------------------|-------------------------------|-------------------------------|
| Date: _____ | I understand supporting documentation must be attached: | | | |
| Student Name: _____ | DOB: _____ | Age: _____ | Grade: _____ | |
| Parent Name: _____ | | Phone Number: _____ | | |
| Physical Address: _____ | | | | |
| Mailing Address: _____ | | | | |
| Reason for Request: _____ | | | | |
| <i>If requesting Equipment Support</i> | | | | |
| Equipment Shoe size: _____ Pant size: _____ Equipment Size: _____ Vendor Name: _____ | | | | |
| <i>If requesting Academic Support</i> | | | | |
| Academic Project: _____ School Supplies: _____ Extracurricular: _____ | | | | |
| <i>If requesting Registration support:</i> | | | | |
| Registration Information Vendor Name: _____ Address: _____ W9 on file: Yes No Phone #: _____ Email: _____ | | | | |
| Parent/Guardian Signature: _____ Date: _____ | | | | |
| <i>Office Use Only</i> | | | | |
| FY: | Supporting Documentation attached: | Date Received: | | |
| Total Amount not to exceed \$200.00 for the FY | | | | |
| Line-Item | Amount | 1st Request | 2nd Request | 3rd Request |
| Registration | | | | |
| Equipment | | | | |
| Academic | | | | |
| Kind of Payment: Check Credit Card Account PO # if needed | | | | |
| Authorized Signature: _____ | | | Date: _____ | |