

Lummi Nation Johnson O'Malley Program

2508 A Kwina Rd. Bellingham WA 98226

Office: 360-384-7170

LummiJOM@lummi-nsn.gov

"To provide extra support for Pre-K through 12th grade students, eligible for Lummi JOM Services."



Lummi JOM Funding Service Request Form

Student Eligibility Statement: Indian students, age 3 years through grade(s) 12, shall be eligible for JOM benefits provided by a contract pursuant to this part if they are 1/4 or more degree Indian blood or a member of a federally recognized Indian Tribe. Indian students enrolled in sectarian or Bureau of Indian Education operated school is ineligible. 25 CFR, Education Contracts under JOM Act, §273.112 A copy of the students Certificate of Indian Blood (CIB) or Letter of Enrollment from the Tribe is required to determine eligibility.

Please submit forms to Lummijom@lummi-nsn.gov or drop off at the JOM building.

Copies of enrollment must be submitted with Request Form.

Student	DOB	Age
Tribe:	Enrollment #	
School Attending	Grade	
Parent/Legal Guardian		Phone
Mailing Address		
Please select one: ___ Mail ___ Pick up		
Mailing Address, if different than above:		

Funds are based on funding availability and eligibility. JOM will pay up to \$50 for the following needs.

Eligible graduating seniors are allowed up \$150.00 incentive, that may be used towards graduation expenses.

___ After school Tutoring ___ ASB Card (for student athletes) ___ Class fees/fines (\$100 max, per year)

___ Graduation Incentive (**\$150.00**) ___ School Supplies ___ Year Book (Seniors)

___ Running Start Fees (\$1000 per year. Please attach current class schedule and invoice/receipts and is based on availability of funds

*** Running Start students are encouraged to seek out other funding programs first.**

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:**

**Please attach a copy of a current Invoice/receipt and if applicable, a copy of the card used. Failure to provide supporting documentation will result in delayed or non-payment.

Parent/Guardian Signature: _____

Date: _____

*****For Office Use Only*****

JOM Staff Signature: _____

Date: _____

Approved

Denied

Starting Balance: _____

Requesting Amount: _____

Remaining Balance: _____

