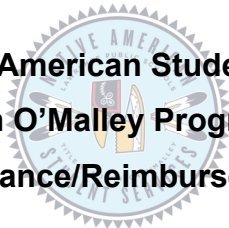


Native American Student Services
Johnson O'Malley Program & Title VI
Financial Assistance/Reimbursement Request Form



Parent/Guardian Information:

Parent/Guardian Name: _____

Mailing Address (Street, City, State, ZIP Code):

Phone Number: _____ Email: _____

Student's Information (To be completed by Parent/Guardian):

Student's Name: _____

School: _____ Grade: _____

Request Information:

Request Type: ☐ Financial Assistance ☐ Reimbursement

Course Name, Activity, or Item for Request:

If this request is for Reimbursement, please attach a copy or picture of the receipt with this form.

Signature of Parent/Guardian

Date

OFFICE USE ONLY:

Date Received: _____

Student's Status: ☐ JOM ☐ Title VI

Student Level: ☐ Elementary School ☐ Middle School ☐ High School

Amount Available: \$_____ - Amount To Be Used: \$_____ = Amount Remaining \$_____

PR: _____

PO: _____