Grand Coulee Dam School District

Please fill in all blanks as completely as possible. Use last, first, and middle names. If Parents or Grandparents are non -Indian, indicate "N/I" after tribe.

Student's Name:	(7.1		
(Last)	(Fir	st)	(Middle)
Sex: F / M	(FATHER'S FATHER	
Age: Grade:		(Last) (First)	(Middle)
Ulauc		Birthdate:	
STUDENT'S FATHER'S NAME:		(Tribe and Memb	ership Number)
(Last) (First)	(Middle)	FATHER'S MOTHER	
Birthdate:		(Last) (First) Birthdate::	
(Tribe and Membership Number)		(Tribe and Membership Number)	
STUDENT'S MOTHER'S NAME:		MOTHER'S FATHER (Last) (First)	(Middle)
(Last) (First)	(Middle)	Birthdate:	
Birthdate:		(Tribe and Memb	ership Number)
(Tribe and Membership Number)		(Last) (First)	(Middle)
		Birthdate::	

(Tribe and Membership Number)

What students make a school district eligible for JOM funding?

Eligible students are from age 3 years through grades 12 -AND- ¹/₄ or more degree Indian blood of Federally recognized tribe, for more information view: 25 CFR 273.1