



**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: \_\_\_\_\_