



Sisseton-Wahpeton Oyate Johnson O'Malley Program



Assistance Request Form

Student Name: _____ Grade: _____ School: _____

Parent/Guardian Name: _____ Home/Cell Phone: _____

Mailing Address: _____ City: _____ Zip: _____

Reason for Assistance: _____ Amount Requested: \$ _____

Certification Statement

I, _____ declare that the information provided by me on this application is true, correct expenses and complete to the best of my knowledge and that if granted assistance will use the funding only for educational expenses and purposes. I give my permission for SWOJOM program and staff to contact any or all school official, persons or other individuals regarding this request for request for purpose of gathering information to determine eligibility.

Parent/Guardian Signature: _____ Date: _____

Program Compliance Statement

I, _____ understand that the SWOJOM Program is a supplemental funding program and not intended as a primary funding source for my child's educational needs. I also understand that as a parent/guardian, I maintain sole responsibility for meeting my child's entire educational funding needs. I further understand that all applicants are subject to approval and funding availability. I also understand that funding for this program is limited and therefore, is awarded on a first come, first served basis. Incomplete applications will not be considered. I understand that it is my responsibility to make sure I complete and provide all requested information. I also, understand that applications that are not completed and/or do not have all the required information attached will not be considered until it is submitted by me and that the pre k-12 program staff will inform me, by letter, call, email or in person, of information needed for completion of submitted request(s). The SWOJOM Program staff will not be responsible for application completion, information gathering vendor contacts or other parental/guardian application responsibilities for ensuring parent/guardian/applicant information is submitted as required by Program guidelines.

I further understand that in the event I do not agree with a decision made by the SWOJOM staff, I may grieve this decision, in writing, addressed to the SWO Johnson O'Malley Committee (SWOJOM)

Parent/Guardian Signature: _____ Date: _____

SWOJOM Representative: _____ Date: _____