



# Kickapoo Tribe of Oklahoma

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## JOHNSON O'MALLEY PROGRAM – EDUCATIONAL/ACTIVITIES SUPPORT APPLICATION

### **EDUCATIONAL SUPPORT ITEMS**

Educational Support items: Items that is required for students to participate in **school activities**. Items may include, but are not limited to:

1. Shop Supplies (wood, tools)
2. Band Instrument Purchase/Rental, Fees, and uniform costs.
3. Home Economic Lab Fees (sewing materials, etc.)
4. Lab Fees (Science, Math)
5. Physical Education Clothing (gym uniforms if required)
6. Test Fees (ACT, etc.)
7. Extra-curricular Supplies (Native American Club, Drama, Speech)
8. Sports Activities (gym shoes, uniforms, sports fees)
9. Summer School Academic Fees (school supplies)
10. Other Courses (Vo-tech fees, community college fees, etc.)

### **Unallowable costs are the following:**

(Items not required for school participation)

1. Graduation Announcements (see Incentive Award Application)
2. Class Rings
3. Letter Jackets
4. Personal Clothing
5. Class Pictures
6. Class Year Books
7. Livestock



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Attach receipts, letter from teacher, or any other documentation stating the school activity cost

For athletic equipment/shoe assistance, participation must be in a school organized sport activity only, no outside leagues or organizations.

◆ 1 request per academic year (for items required to participate in a school activity)

Return original form to the KTO JOM Program and/or Education Department.

PLEASE PRINT CLEARLY

|  |              |           |
|--|--------------|-----------|
| Student Name:  | Grade:       | Date:     |
| Parent/Guardian:   |              | Phone:    |
| Address:   | city         | state zip |
| Describe assistance needed ( <b>sports equipment, testing fees, athletic shoes etc.</b> ): |              |           |
| _____  |              |           |
| Subject:   | Date Needed: | Cost:     |

**ATTENTION COACH/INSTRUCTOR:**  Jones School or  McLoud School

This form is for the school year 2016-2017 to the Kickapoo Tribe of Oklahoma Johnson O'Malley Program to verify participation for the above named student.

\_\_\_\_\_  
Coach/Instructor Signature

\_\_\_\_\_  
Sport/Activity

\_\_\_\_\_  
Date

Date: \_\_\_\_\_

\_\_\_\_\_  
JOM Coordinator

JOM Staff Use Only

- Approved
- Denied
- Amount \_\_\_\_\_
- Fall 2016 (August – December) **or**
- Spring 2017 (January – May)