



Johnson O'Malley School Supply Program Application

Address:

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Johnson O'Malley Program 2017 - 2018 School Year

Name (Student): _____ Phone: _____

Mailing Address: _____

Email Address: _____

Parent or Guardian Name: _____

Date of Birth _____ Age: ____ Grade: _____

Name of School _____

Address of School _____

_____ I understand that failure to provide proof of purchase receipts will be cause for ineligibility for future consideration of JOM funding for school supplies. (Please write at the top of the receipt the child's name and the parent's name.)

_____ I understand that the items received from the JOM program are for children's school supplies & are not to be given away, sold, or exchanged for money or any other merchandise.

THE FOLLOWING DOCUMENTATION WILL BE NECESSARY TO COMPLETE THIS APPLICATION:

1. Child's Seneca-Cayuga Enrollment Card
2. Proof of Address (Recent Utility Bill in the parent's name) or Proof of School Enrollment

Signature of Parent or Legal Guardian

Date

FOR OFFICE USE ONLY:

Date Action Taken: _____ Approved: ____ Denied: ____

Reason for Denial: _____

Gift Card Number: _____ Amount of Gift Card \$25.00