JOHNSON O'omalley
Student Services Scholarship
Seneca Nation of Indians Allegany Territory

APPLICATION
The Johnson O'Malley Student Services Scholarship is for student needs/support for their participation in music, art, sports, reading and other essential needs for their participation in extra-curricular activities. This scholarship is to be used when all other available payment options and services have been exhausted. This scholarship will not exceed $75.00 per family and can be used for reimbursements, past due balances, late fees and/or interest charges. When approved by the JOM Local Indian Education Committee (LIEC) a payment will be forwarded to the company that is accompanying your need.

The LIEC requires the parent/guardian of the child requesting support or sponsorship to be responsible to submit the following items:

1. Current grades from report card, teacher, or guidance counselor.
2. A school attendance report stating the child's current standing.
3. Signature verification from the student's teacher, principal, guidance counselor, or coach.
4. Must submit current grade report while the student is being sponsored by JOM.

Student Information

Student Name: __________________________ Grade: _______ Age: _______

Parent/Guardian: __________________________ Phone: ______________________

Mailing Address: ______________________________________________________

Reason for Request

Activity/Need: __________________________________________________________

# Years Participated: 0 1 2 3 4 5 6 7 8 9+

Amount Requested: ___________________________ (Not to exceed $75.00 per family)

Benefits of Request: ______________________________________________________

I verify that the above information is true and current,

Parent/Guardian Signature __________________________ Date __________________

Revised 11/10
**School/Participation Information**

Current Grades:  
- Math _____  
- History _____  
- English _____  

- Science _____  
- Art _____  
- Music _____  
- Other _____  

Attendance Standing:  
- # Unexcused Absences ________  
- # Excused Absences ________  
- # Tardiest ________  

I verify that the above or attached student information is true and current,

________________________________________  
Teacher, Principal, Counselor Signature  

________________________________________  
Date  

Return completed form to JOM Program, SNI Education Department  
PO Box 231, Salamanca, New York 14779  
Phone: 945-1790 ext. 3100

**For Office Use Only:**

Approved:  
________________________________________  
LIEC Chairperson  

Concurrence:  
________________________________________  
Education Department Director  

Approved Amount:  

Date  