



Sisseton Wahpeton Oyate Johnson O'Malley Program

Assistance Request Form

Student's Name: _____

Date: _____ Grade: _____ School: _____

Parents/Guardian Name: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

What is your current request?

Total amount requested: _____

Vendor Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Phone: _____



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Certification Statement

I, _____ declare that the information provided by me on this application is true, correct and complete to the best of my knowledge and that if granted assistance I 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 officials, persons or other individuals regarding this request for the 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 complete and/or do not have all required information attached will not be considered until all information is submitted by me and that the Pre K-12 Program staff will inform me, by letter, call, email or in person, of information's needed for completion of submitted request(s). The SWOJOM Program staff will not be responsible for application completion, information gathering, vendor contacts or other parent/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 SWO JOM Staff, I may grieve this decision, in writing, addressed to the S.W.O. Johnson O'Malley Committee (SWOJOMC).

Parent/Guardian Signature: _____

Date: _____

SWO JOM Representative: _____

Date: _____