## Lummí Natíon Johnson O'Malley Program

2665 Kwina RD., Bellingham, WA 98226 Office: 360-384-7170 <u>Lummi JOM@lummi-nsn.gov</u>

"Assisting in removing barriers of educational growth for eligible Indigenous students."

## Lummi Johnson O'Malley Eligibility Certification Application

**Student Eligibility Statement:** Indian students, age 3 years through grade(s) 12, shall be eligible for JOM benefits provided by a contract pursuant to this part if they are <sup>1</sup>/<sub>4</sub> or more degree Indian blood or a member of a federally recognized Indian Tribe. Indian students enrolled in sectarian or Bureau of Indian Education operated school is ineligible. 25 CFR, Education Contracts under JOM Act, §273.112 A copy of the students Certificate of Indian Blood (CIB) or Letter of Enrollment from the Tribe is required to determine eligibility.

	Student Inform	ation	Please print clearly
*Students must be enrolled in school to receive s	services		
Student Name:			
First	М.	Last	
Address:Street	City		Zip
Street	City	State	Zıp
Date of Birth://	Age:	Grade:	
Tribal Affiliation:			dian Blood:
Please provide a copy of the students' CIB, Letter of Enr	ollment from Enrollment off	ice, or Lummi Tribal ID.	
School:    Phone:			
Address:			
Street	City	State	Zip
Parent/Legal Guardian Information			
		DI	
Parent/Legal Guardian Name:		Phone:	
Address:			
Street	City	State	Zip
Parent/Legal Guardian Signature:		Date:	
By signing, I acknowledge that all the statements and information above about my child are true, correct and made in good faith.			
(Signature of adult student at least 18yrs old).			
Release of information for tribal enrollment (if needed)			
I authorize the Lummi JOM Program staff to obtain my child's Certificate of Indian Blood (CIB) or letter of enrollment from my Tribes Enrollment Department, to determine eligibility for Lummi JOM services. Name of Tribe:			
Parent/Legal Guardian Signature/Adult Stude	nt:		Date:
Lummi JOM office use only			
JOM Official:		Title:	
JOM Official Signature:		Date:	
My signature certifies that the student information provided is correct and a copy of their CIB, letter of enrollment, or tribal id. is on			
file verifying the above-named student is eligible for JOM services.			
Date Received:			
Please return completed form to the	IOM office or scan an	d email them to lummijom	lummi-nsn gov



