

# Toppenish J.O.M. Parent Committee Student Request for Assistance Form

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**This form is to be completed by the Student and Parent/Legal guardian.**

Student Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address if different then above: \_\_\_\_\_

Phone number or Contact: \_\_\_\_\_

Tribe: \_\_\_\_\_ Enrolled: Yes  No  Descendant: Yes  No

School Attending: \_\_\_\_\_

What is your request for? \_\_\_\_\_  
\_\_\_\_\_

Amount Requested? \_\_\_\_\_

Specifically identify if it is a school function and who your advisor is. \_\_\_\_\_  
\_\_\_\_\_

What other means of assistance have you tried? \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This information will be shared with the Yakama Nation JOM Program.**

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## J.O.M. Committee to Complete

Does this student qualify for J.O.M. assistance? \_\_\_\_\_

Committee Vote: FOR \_\_\_\_\_ AGAINST \_\_\_\_\_ ABSTAINED \_\_\_\_\_ Date: \_\_\_\_\_

Committee Notes: \_\_\_\_\_

Executive Board Signatures: \_\_\_\_\_

Office Use Only: Reimbursement sent to Fiscal for: Approved Date: _____	Denial Date: _____
Purchase Order: _____ Imprest Check: _____ Advance Travel Form: _____ Credit Card: _____ Reimbursement _____	
ACCT. Code: _____	Date processed: _____ Initial _____