

**CHOCTAW NATION OF OKLAHOMA
JOHNSON-O'MALLEY PROGRAM
Program Application**

For Office Use Only

Date of Application: _____

School: _____

County: _____

Program Title: _____

Total School Enrollment _____

Total Students in Program _____

Total JOM Students in Program _____

Grade Level _____

Statement of Need: _____

Objectives: _____

Activities: _____

Evaluation Procedures: _____

Duties of Employee: _____

Parent Committee Involvement: _____

Program Supervisor _____

School Administrator

Vice-Chairperson

DIRECTOR'S ACTION	
P.S. Amount \$ _____	
E.S. Amount \$ _____	
Total \$ _____	
_____ Signature	_____ Date

Chairperson

Secretary

**CHOCTAW NATION OF OKLAHOMA
JOHNSON-O'MALLEY PROGRAM
Special Program Application**

For Office Use Only

Date of Application: _____

School: _____

County: _____

Program Title: _____

Total School Enrollment _____

Total Students in Program _____

Total JOM Students in Program _____

Grade Level _____

Objectives: _____

Evaluation: _____

Job Description: _____

DIRECTOR'S ACTION	
P.S. Amount \$	_____
E.S. Amount \$	_____
Total \$	_____
_____	_____
Signature	Date

Name of Employee: _____

Position of Employee: _____

JOM MONTHLY EXPENSE

Employee's Salary without Benefits: \$ _____

Matching Social Security: \$ _____

Matching Teacher Retirement: \$ _____

Other Benefits: \$ _____

Total JOM Monthly Expense: \$ _____

Number of Months

Paid with JOM Funds: _____

_____ Months x Total JOM Monthly Expense =

Total JOM Contribution \$ _____

School Contribution \$ _____

Total Program Cost/

Total Yearly Salary \$ _____

Employee Signature: _____

Teacher Supervisor Signature: _____

School Administrator

Chairperson

Vice-Chairperson

Secretary

Member

Member

**CHOCTAW NATION OF OKLAHOMA
JOHNSON-O'MALLEY PROGRAM
Educational Support Breakdown**

For Office Use Only

School: _____

County: _____

Date: _____

Total JOM Students Enrolled: _____

DIRECTOR'S ACTION	
P.S. Amount \$ _____	
E.S. Amount \$ _____	
Total \$ _____	
_____ Signature	_____ Date

BUDGET

Items:	Number Of Students	Amount per x Student	Cost	Educational

Total \$ _____

Educational Support Funds Requested: \$ _____

School Administrator

Vice-Chairperson

Chairperson

Secretary
