



**WHITE EARTH NATION
JOHNSON O'MALLEY
STUDENT CERTIFICATION FORM**

STUDENT INFORMATION

Students Full Name (First, Middle, Last) _____ Other Name at Birth _____ Date of Birth _____

School Attending _____ Grade Level _____ School Year _____

Tribe/Agency _____ Enrollment Number _____ Social Security Number _____

Student Enrollment Status: ☐ Enrolled ☐ 1st Degree Descendant ☐ 2nd Degree Descendant

CUSTODIAL RESIDENCE

(Check all that Apply)

☐ Natural Parent ☐ Foster Parent ☐ Adoptive Parent
☐ Legal Guardian ☐ Other Family Member ☐ Other _____

Guardian Name (First, Last) _____ Email _____ Phone Number _____

Mailing Address _____ City _____ State _____ Zip _____

☐ _____
Physical Address (Check box if same as Mailing) _____ City _____ State _____ Zip _____

RELEASE OF INFORMATION:

I authorize the White Earth JOM Program and their designated person(s) to obtain/research my child's tribal membership and/or blood quantum to determine JOM program eligibility.

I authorize the White Earth JOM Program, School personnel and their designated person(s) to obtain/research my child's school records and information.

In the event my child should transfer schools, I further authorize the White Earth JOM Program to share this certification with the new school.

I am aware that my child's information will be disclosed to JOM Indian Education Committee Members.

This release is in effect until my child graduates, or I revoke in writing. I understand that if I revoke this release of information my child may no longer be eligible for the JOM Program.

Guardian Signature: _____ Date: _____

*****Tribal JOM Official Use Only*****

	Documents Needed:		Received			Application	
	B. Cert:	CIB	B. Cert:	CIB:		Approved	Denied
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W-9	<input type="checkbox"/>	<input type="checkbox"/>
Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Direct Deposit	<input type="checkbox"/>	
Grand Parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verified by: _____		

Notes: _____

ENROLLMENT BIOLOGICAL INFORMATION

*****If Student is 2nd generation descendant, Grandparent Information is needed *****

PARENTS (Required)

Biological Mother's Full Name (First, Middle, Last) _____ Maiden _____ Date of Birth _____

☐ Non-Indian

☐ American Indian _____ Tribe/Agency _____

Enrollment Number _____

Biological Father's Full Name (First, Middle, Last) _____

Date of Birth _____

☐ Non-Indian

☐ American Indian _____ Tribe/Agency _____

Enrollment Number _____

MATERNAL GRANDPARENTS ***

Biological Grandmother's Full Name (First, Middle, Last) _____

Maiden _____

Date of Birth _____

☐ Non-Indian

☐ American Indian _____ Tribe/Agency _____

Enrollment Number _____

Biological Grandfather's Full Name (First, Middle, Last) _____

Date of Birth _____

☐ Non-Indian

☐ American Indian _____ Tribe/Agency _____

Enrollment Number _____

PATERNAL GRANPARENTS ***

Biological Grandmother's Full Name (First, Middle, Last) _____

Maiden _____

Date of Birth _____

☐ Non-Indian

☐ American Indian _____ Tribe/Agency _____

Enrollment Number _____

Biological Grandfather's Full Name (First, Middle, Last) _____

Date of Birth _____

☐ Non-Indian

☐ American Indian _____ Tribe/Agency _____

Enrollment Number _____

APPLICATION CHECKLIST

☐ Completed Application

☐ Student's Birth Certificate

☐ W-9 Form

☐ Other Documents: _____

☐ Parent's Birth Certificate

☐ Direct Deposit

*****Tribal Enrollment Official Use Only*****

TRIBAL ENROLLMENT OFFICE/VERIFICATION OF INFORMATION (Please check appropriate box):

The above-named student **does** meet the JOM eligibility criteria as determined by the BIA/BIE:

☐ Student is an enrolled member of the

☐ Student is a 1st or 2nd generation descendant.

☐ Parent is an enrolled member of the

☐ Grandparent is an enrolled member of the

Tribe: _____

(CIB/CDIB for enrolled member is required for JOM Verification per BIE)

The above-named student **does not** meet the eligibility criteria for the following reason(s):

☐ Birth Record/Birth Certificate is needed to verify enrollment.

☐ No information was found regarding enrollment for student/family.

Enrollment Official: _____ Date: _____