

Absentee Shawnee Tribe of Oklahoma

Education Department

ACADEMIC PROGRAM (K-12)/ZAHN PROGRAM

Name: _____ Age: _____ Grade Level: _____

Social Security Number: _____ Phone: _____

Parent(s)/Guardian(s): _____

Address: _____

School: _____

What assistance is needed for student:

ATTACH A COPY OF TRIBAL ENROLLMENT CARD

ATTACH A COPY OF CLASS SCHEDULE OR NOTE FROM SCHOOL OFFICIAL (Athletic expenses)

THERE WILL BE NO DUPLICATION OF MONIES BETWEEN JOM AND EDUCATION PROGRAMS. THESE PROGRAMS WILL NOT PAY FOR THE SAME EXPENSE; STUDENTS CAN ACCESS FUNDS FOR VARIOUS ATHLETIC PROGRAMS DURING THE SCHOOL YEAR.