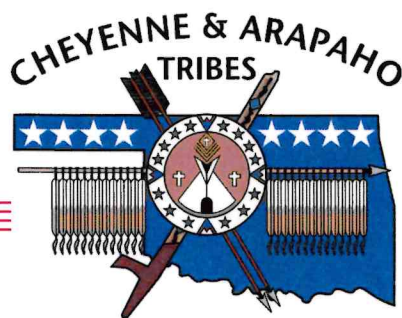


Office of  
Johnson O'Malley



Office (405) 422-7566  
Or 422-7658  
Fax (405) 422-8212

**Deadline Dates**

1<sup>st</sup> Sem. – Jan. 30th

2<sup>nd</sup> Sem.- June 15th

## JOM Honor Club

**All students must be enrolled with the Cheyenne and Arapaho Tribes.  
Please attach a copy of your child's Cheyenne and Arapaho CDIB card.**

**Please check boxes for  
which you are applying:**

- ☐ Grade Incentive  
☐ Perfect Attendance  
☐ Honor Society Honors

The Cheyenne and Arapaho Honor Club is a tribal incentive that rewards good grades and/or perfect attendance per school semester. Each student will be issued a **Visa Gift** card each time they earn an award. All awards earned will be mailed to the designated address provided below. For students earning all A's a \$75 award is earned while students earning A's & B's earn \$50. Perfect attendance will be awarded an additional \$50 gift card. Students who are selected by school officials in receiving National Honor Society honors or Honor Society honors will receive a \$100 award for 2<sup>nd</sup> Semester Only.

Please complete this application for eligible Cheyenne and Arapaho students, grades 2<sup>nd</sup> through 12<sup>th</sup>, participating in the Johnson O'Malley Honor Club of the Cheyenne and Arapaho Tribes. Parents are responsible for submitting a copy of report card that shows 1<sup>st</sup> or 2<sup>nd</sup> Semester Grades and/or Honor Society Award/Letters from school for each student, per semester to the Johnson O'Malley Program for processing. JOM will accept copies of documentation.

**Student Information**

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Roll # \_\_\_\_\_

Grade \_\_\_\_\_ Semester: \_\_\_\_\_ School Year (ex. 23-24) \_\_\_\_\_ Shirt Size: \_\_\_\_\_

**School Information**

School Name: \_\_\_\_\_ Principal Name: \_\_\_\_\_

School Address: \_\_\_\_\_ Phone # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Parent Information**

Parent/Guardian Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

Please return application to:  
Cheyenne and Arapaho JOM Program  
Po Box 167  
Concho, Ok 73022

Approved Amount \$ \_\_\_\_\_

Received By: \_\_\_\_\_