



Office Location: 1701 Exchange Ave
Oklahoma City, OK 73108

Phone: 405.587.0355
Fax: 405.587-1443

Mailing Address: PO Box 36609
Oklahoma City, OK 73136

JOM Team Sport Incentive

PARENTS & STUDENTS: To apply for financial assistance in purchasing team sports equipment, your student will need to be eligible to receive JOM services through our program. The application will need to be completed (by student, parent & coach) and returned; in person or by email, fax or mail to the any of the addresses above.

Semester: Fall 22 Spring 23

**NOTE: Student may only apply for one sport for one academic semester.*

Student Name: _____ Date: _____

OKCPS School Sponsored Sport: _____ Total Cost: _____
**NOTE: Does NOT include private leagues sports outside of OKCPS* ** Maximum \$75/student/semester*

OKCPS Team Level: 6th/MS _____ Freshmen _____ JV _____ Varsity _____

OKCPS School: _____ ID #: _____ Grade: _____

Parent/Guardian: _____

Address: _____ State, City, Zip: _____

Telephone: _____ Emergency Telephone/Name: _____

Parent Email Address: _____

I hereby certify that all of the above information is true and correct to the best of my knowledge. I understand that I must apply each semester for services provided by the Native American Student Services office. I agree that if I quit or am released from the team for negative behavior, that I will not be allowed to apply for future team sports incentives.

Parent/Guardian Signature

Date

Student Signature

Date

Return this form to: Native American Student Services, PO Box 36609, OKC, OK 73136
Email to: nativeamericanservices@okcps.org Fax to: 405-587-1443
For questions call: 405-587-0355



Office Location: 1701 Exchange Ave
Oklahoma City, OK 73108

Phone: 405.587.0355
Fax: 405.587-1443

Mailing Address: PO Box 36609
Oklahoma City, OK 73136

Coach's Confirmation

Student's Name: _____

School: _____

Sport: _____

Level: _____

(6th/MS/Fresh/JV/Varsity)

Semester: _____ Year: _____

Equipment required for the team:

**** Student must return this form with Team Sport Incentive application to receive assistance. ****

My signature below verifies that this student is eligible and plays on the above mentioned team for the school indicated above. I understand that I need to contact Native American Student Services if the student is released from the team so that the student can be held responsible for incentives they received from Native American Student Services.

Coach's Name (please print)

Coach's email

Coach's Signature

Date

*******(For Native American Student Services Office Use Only)*******

Dr. Star Yellowfish, Director

Date

Approve Not Approved

Return this form to: Native American Student Services, PO Box 36609, OKC, OK 73136
Email to: nativeamericanservices@okcps.org Fax to: 405-587-1443
For questions call: 405-587-0355