

JOM Fund Request Form

Parents/Guardians please complete Section I & Questionnaire

School Staff please complete Section II & Questionnaire

Section I. Student and Parents/Guardian Information: (completed by parent/guardian)

Required* Attach student grades & attendance

1. Student name: _____ Age: ____ Grade Level: _____
2. What School does your student attend? _____
3. Activity participating in: _____ Full Cost: _____ Amount Requesting: _____
4. Item(s) Requested: _____
5. Parent/Guardian Name: _____
6. Address: _____
7. Home phone/Cell: _____ Work: _____

Parent/Guardian Signature

Date

Section II. School Staff Information: (completed by school staff)

1. Staff name: _____ Staff position: _____
2. Activity: _____ Full Cost: _____ Amount Requesting: _____
3. Item(s) Requested: _____
4. Number of JOM students participating: _____
5. Other funding source(s) used: _____
6. What is the best way to reach you? (Please list email and/or phone number) _____

Staff/Representative Signature

Date

Section III. IEC Members (completed by IEC member)

1. Special conditions, comments, and/or alterations:

IN FAVOR: ____ OPPOSED: ____ Approved: (circle one) YES NO

IEC Chair/Vice Chair Signature

Date

Fund Request Questionnaire

1. **Please explain in detail how this fund request meets one of your school district's JOM priorities?** (If you would like a copy of your school district's JOM priorities for this school year, please contact your IEC.)

2. **How will this purchase positively impact JOM students?**

3. **What is the total amount of money being requested?** _____

4. **Have any funds been raised by the students/school to help supplement this expense? Please explain:**

5. **How many JOM students out of total amount of students? (Please attach list, if applicable)**

Requestor's Signature

Job Title

Date