

# *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.**