

DATE: _____

SCHOOL: _____ COUNTY: _____

CHOCTAW NATION OF OKLAHOMA JOHNSON-O'MALLEY PROGRAM
Local Committee List and Election Certificate

CHAIRPERSON _____ Date Term Expires _____

Mailing Address _____ City _____ State _____ Zip _____ Telephone _____

VICE-CHAIRPERSON _____ Date Term Expires _____

Mailing Address _____ City _____ State _____ Zip _____ Telephone _____

SECRETARY _____ Date Term Expires _____

Mailing Address _____ City _____ State _____ Zip _____ Telephone _____

1st MEMBER _____ Date Term Expires _____

Mailing Address _____ City _____ State _____ Zip _____ Telephone _____

2nd MEMBER _____ Date Term Expires _____

Mailing Address _____ City _____ State _____ Zip _____ Telephone _____

We hereby certify that a local JOM Parent Committee election was held on the _____ day of _____, 20____ at _____. We further certify that the election was held in compliance with the Choctaw Nation Johnson-O'Malley eligibility requirements and guidelines. The following persons were elected: _____, _____ and _____

School Administrator _____ Date _____

JOM Committee Chairperson _____ Date _____

BEFORE OCTOBER 30, please complete and return this form to the Choctaw Nation Johnson-O'Malley Program.

NOTE: Committee Members are elected for two-year terms.