

Name of Applicant Group: Broken Arrow High School PTSA
Applicant's Address: 1901 E Albany
Applicant's Taxpayer I.D. No.: 73-1216791
Applicant's Representative from whom additional information may be obtained:
Emma Schlais
Applicant's Telephone Number: 918-557-5930
President Treasurer
Name: Emma Schlais Name: JEMIFER Atwell
Address: 17414 EUSINPI Address: 3945 S. 2104 EAUC
TUSSA, OK 74134 Froten Arrow, OK74011
Phone: 918-557-5930 Phone: 918-210-4819
Email: brokenorrowns Email: senature (paggnow 1. com)
Has the organization provided any payments to district employees during the past 12 months?YesNo
Have you attached copies of your most recent tax filings & 1099s? Yes No
We agree if sanctioned as per Board Policy #6205 to follow proper bookkeeping procedures and to ensure



Applicant acknowledges that the Board of Education has the discretion to sanction or decline to sanction the Applicant, and the decision of the Board of Education is final and non-appealable. Applicant further acknowledges that (a) the Board of Education may, at any time, request the records maintained by the Applicant, which records Applicant will promptly make available, and (b) the Board of Education may, at any time it believes it is in the best interest of the School District to do so, withdraw sanctioning, and the decision of the Board of Education is final and non-appealable.

Applicant also acknowledges that, in order for the School District to consider whether to maintain the sanctioning action of Applicant, Applicant shall provide to the Board of Education, upon request, on an annual basis, by August 1 of each year, the audit report, if any, for Applicant's recently ended fiscal year, prepared by an independent accounting firm.

Instructions to Applicant:

- 1. Complete this application. Please print or type.
- 2. Attach Applicant's most recent financial audit report, if any.
- 3. Sign and date this application.
- 4. Deliver this application to:

Natalie Eneff, Chief Financial Officer Marsha Janey, Administrative Assistant to CFO 701 S. Main Street Broken Arrow, OK 74012 918-259-5769

Enracentus 9-72-1
(Print Name of Representative of Applicant) (Date)
Signature of Representative



Name of Applicant Group: _		Mobile	School A	SA	<u></u>	
Applicant's Address:	anasq	225 8.	Omahw	, BA, OK T	4012	
Applicant's Taxpayer I.D. No.:		·			1-1	
Applicant's Representative for Sonta Bosinu		nal information	may be obtained:			
Applicant's Telephone Numb	oer: 918-	488.3	261			
President	٨		Treasurer			
Name: Strija 1	Boswell	_ Name: _	Marin	Stout		
Address: 2104 N	1. 14th pl	_ Address:	·		:	
BA, OK						
Phone: 918-6	88-3261	Phone: _	918-	(037-1	433	
Email: Allenke		ん _ Email:	Karinh	1. Stout	egnad w	^ ^
Has the organization provide	d any payments to					
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Sonta Rosulle	9/07/2021	
(Print Marine of Representative of Applicant)	(Date)	_
Signature of Representative		



Name of Applicant Group: ERNEST CHILDERS MIDDLE SCHOOL	
Applicant's Address: 301 E. TUCSON St, BROKEN ARROW, OK	74011
Applicant's Taxpayer I.D. No.: 13-1249126	
Applicant's Representative from whom additional information may be obtained:	
ROBYN HAVENER	
Applicant's Telephone Number: 918 · 259 - 4350	
President Treasurer	
Name: ROBYN HAVENER Name: AMY WOOD	
Address: 11417 S. 193 PD E. ANGress: 202 W. Quanah of	
BROKEN ARROW, OK BROKEN ARROW, OK 74011	
Phone: 918-513-1282 Phone: 303-819-8745	
Email: robyn hovenere Email: denveralje yahoo.com	
Has the organization provided any payments to district employees during the past 12 months?YesNo	ı
Have you attached copies of your most recent tax filings & 1099s?Yes No	



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ROBYN HAVENER

(Print Name of Representative of Applicant)

Signature of Representative

9 7 2021



Name of Applicant Group: UIVER Middle School TH
Applicant's Address:
Applicant's Taxpayer I.D. No.:
Applicant's Representative from whom additional information may be obtained: Dong Slaatten
Applicant's Telephone Number: (918) 607 - 6788
Name: Dony a Slaatten Name: Chery I Stout Address: 2425 S, Chestnut Address: 4104 W. Roanoke St BA, OK 74011 Phone: (918) 607-6788 Email: info@ onspta. Com Email: Mann 0516@ hotmail. Com
Has the organization provided any payments to district employees during the past 12 months?Yes No
Have you attached copies of your most recent tax filings & 1099s?YesNo



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(Princ Name of Representative of Applicant)

Signature of Representative

(Date)



Name of Applicant Group (
Applicant's Address LECO	Quinci	PL.	Broken	<u> Priou</u>	OK 740
Applicant's Taxpayer 10 No			erasaa 2756 Distances		
Applicant Representative from W	TWE I I I I I I I I I I I I I I I I I I I	imation may b	e optained:		manner (1982)
Applicant's Telephone Number:	018.301	025	Ч		
President Name: Wikki B	:dwell	v 17.	reasurer enda	Hoval	
Name: WAR B					
E AVE BAI	X-JUDIL-X				
Phone: 918-346		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3-851-6		منا می
Email: ptqnikki	14.5		, I.	Y V	
Has the organization provided any Have you attached copies of your				nonths? Yes 🛆	No



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ant Name of Regresentative of Applicant)

signature of Representative



Name of Applicant Group: Sequous Middle	School PTA
Applicant's Address: 2701 S. Elm Pl	Broken Arrow, O/C 15012
Applicant's Taxpayer I.D. No.: 131014314	
Applicant's Representative from whom additional info	ormation may be obtained:
Tricia Cook	
Applicant's Telephone Number: 918-805-67	7.3
President	Treasurer
Name: Tricia Cook	Name: April Kunkel
Address: 6137 S. 219th East Arc	Address: 2827 N. Hickory Cf
Address: <u>6137 S. 219⁴⁸ East A</u> rc Broken Arrow, OK 7444	Baken Array O' 14012
Phone: 918-805-0773	Phone: 5/0- 823-5100
Email: tacook 7707 Bathnet	Email: ahenenez@yahoocom
Has the organization provided any payments to district	
Have you attached copies of your most recent tax filir	ngs & 1099s? 🖊 Yes No



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