**CERTIFICATION AND LICENSURE APPLICATION**

|  |  |
| --- | --- |
|  Name: |  Social Security #: |
|  Address: City: State: Zip Code: |  Home phone: Cell phone: |

 **HOUSEHOLD DATA:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  Yourself and  Household Members | Education Level  | Age |  Male or Female |  Disabled | VeteranCopy of DD214 card |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**INCOME DATA:** List all income from employment for past three (3) months:

|  |  |  |  |
| --- | --- | --- | --- |
|  Date |  Gross Monthly Income |  Employer |  Address |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**REQUIRED PHOTOCOPIES WITH THIS APPLICATION:**

1. **Osage Membership Card. 2. Social Security Card**

|  |
| --- |
| **Certification of Application**I certify that the information given is true and accurate to the best of my knowledge. I understand the information may be confirmed for review and verification. I also understand I can be subject to immediate termination if it is determined that I have falsified any information pertaining to this application and may be subject to prosecution for fraud and/or perjury. I will allow release of the information for verification purposes and understand it will be used to determine my eligibility.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Applicant Date |

I Certify Eligibility (Signed by Counselor) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Department of Education

102 Buffalo Ave. Office: 918-287-5300

Hominy, OK 74035 Fax: 918-885-2136

**INFORMATION RELEASE FORM**

 I hereby authorize the release of the following information to the Osage Nation Department of Education for the purpose of training services

* Financial Aid Information
* Student Progress Reports
* Copy of Transcripts
* Attendance Record
* Grade Reports
* Copy of Certificate of Completion
* Reason for Leaving Education Program (withdrawal)

Please forward the information highlighted to:

Osage Nation Department of Education

102 Buffalo Ave.

Hominy, OK 74035

NOTE: Please mark “CONFIDENTIAL” on any written correspondence regarding client information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT NAME DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SOCIAL SECURITY NUMBER DATE OF BIRTH

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE

Department of Education

102 Buffalo Ave. Office: 918-287-5300

Hominy, OK 74035 Fax: 918-885-2136