

# Osage Nation Higher Education Scholarship Application

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Osage Nation Department of Education  
102 Buffalo Ave.  
Hominy, OK 74035

Phone: 918-287-5300  
Fax: 918-885-2136  
Email: scholarship@osage-tribe.org

## CHECKLIST FOR ALL REQUIRED DOCUMENTS

Please keep this page for your information and records:

- \_\_\_\_\_ Pages 2-4 of the application (completed by student)
- \_\_\_\_\_ Copy of Osage membership card (if first time applying)

### Deadlines:

<u>Semester Session:</u>	Fall – August 1 <sup>st</sup>	<u>Quarter Session:</u>	Fall – September 1 <sup>st</sup>
	Spring – December 31 <sup>st</sup>		Winter – December 15 <sup>th</sup>
	Summer – May 1 <sup>st</sup>		Spring – March 15 <sup>th</sup>
			Summer – June 1 <sup>st</sup>

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**\*\*\*The following additional required documents will be due  
30 days after the First Deadline\*\*\***

**\*\*\*It is the student's responsibility to ensure forms are received in the office of the Osage Nation  
Department of Education on or before the deadline date\*\*\***

- \_\_\_\_\_ Financial Aid Form (Page 5) (to be completed by the school)
- \_\_\_\_\_ Verification of Enrollment (page 6) (to be completed by the school)
- \_\_\_\_\_ Copy of current enrolled classes (schedule)
- \_\_\_\_\_ Complete Transcript with final grades from last courses attended

The School Supplies and Equipment Scholarship needs to include the following documents:

- \_\_\_\_\_ Receipt(s) for specialized equipment or supplies purchased
- \_\_\_\_\_ Statement from class /instructor or course syllabus that verifies student must acquire a particular equipment or supply to enroll in a particular course

The Room and Board Scholarship needs to include the following documents:

- \_\_\_\_\_ A written estimate of living expenses from your school (financial aid form, page 5, from your school is sufficient)
- \_\_\_\_\_ Your estimated monthly expenses-even if living in a dorm - (Page 3)

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Please check all areas you would like your scholarship to be applied toward. Any area that is not checked will not receive funding.

Tuition and Fees  School Supplies and Equipment  Room and Board

If you would like to receive the additional book scholarship, please check here:

Concurrent Enrollment:  YES  NO Dual Enrollment:  YES  NO

## PART 1: PERSONAL INFORMATION

**\*\*\*The email address and phone number below will receive all scholarship correspondence.\*\*\*  
\*\*\*Email will be the primary way to communicate with applicants. It is the applicant's responsibility to check emails regularly\*\*\***

Name: Last, First, M.I., Maiden

Social Security Number:

Osage Tribal Membership Number:

Address: Street/P.O. Box City/State/Zip

County:

Telephone: Home or Mobile

E-Mail:

Gender: M or F

Date of Birth: \_\_\_\_\_

Veteran: Yes No

*Period for Funding: (Please circle ONLY one term.)*

Term: Spring Fall Winter Summer

Term Year: \_\_\_\_\_

Term Type (Circle): Quarter/ Non-term OR Semester/Trimester

Please list the name, address, and office at your school where the check should be sent:

School

Department

Street Address

City

State

Zip

**SEMESTER SESSION DEADLINES: \*\* Fall – August 1 \*\* Spring – December 31 \*\* Summer – May 1**

**QUARTER SESSION DEADLINES: \*\* Fall – September 1**

**\*\* Winter – December 15**

**\*\* Spring – March 15**

**\*\* Summer – June 1**

# Osage Nation Higher Education Scholarship Application

## PART 2: PREVIOUS EDUCATION

Name of High School or GED Site: _____	Graduation or GED Date: _____
Most Recent Post-Secondary Enrollment (Institution and Term attended) _____	
Please list all DEGREES, CERTIFICATIONS, and/or LICENSURES received and the date completed: _____	

## PART 3 CURRENT POST-SECONDARY INSTITUTION INFORMATION (Degree Section)

Degree currently pursuing: Associates _____ Bachelors _____ Masters _____ Doctorate _____ Certificate _____ Type of Certification (List) _____ Other (List) _____
Major: _____ Minor: _____
Expected Graduation Date: _____

## PART 4: REQUIRED INFORMATION OF EXPENSES

<b>Monthly Expenses:</b> <i>Please list your estimated monthly expenses:</i>	
Food & Household Expenses _____	Transportation _____
Rent/Mortgage _____	Meal Plan _____
Utilities _____	Child Care _____

## PART 5: RELEASE OF INFORMATION

By my signature, I authorize the Osage Nation Department of Education to release necessary information from my completed application to third party scholarship committees for potential awards. \_\_\_\_\_ (initial)

I have received and read the Osage Nation Higher Education Student Handbook, and am aware of the policies and deadlines governing the Osage Nation Higher Education Scholarship. \_\_\_\_\_ (initial)

I hereby certify that the information included in this application is true and correct to the best of my knowledge. I also certify that I will use any funds I receive from the Osage Nation Higher Education Scholarship solely for eligible expenses connected with attendance at the college or university I am attending. I have received and read the Osage Nation Higher Education Student Handbook, and am aware of the policies and deadlines governing the Osage Nation Higher Education Scholarship.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

SEMESTER SESSION DEADLINES: \*\* Fall – August 1 \*\* Spring – December 31 \*\* Summer – May 1

QUARTER SESSION DEADLINES: \*\* Fall – September 1 \*\* Winter – December 15  
\*\* Spring – March 15 \*\* Summer – June 1

# Osage Nation Higher Education Scholarship Application

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## PART 6: Student Records Release Form

It is the policy of the Osage Nation Department of Education to withhold personally identifiable information contained in our students' educational records unless the student has consented to disclosure.

I, \_\_\_\_\_ Student SSN, \_\_\_\_\_,  
Authorize the Osage Nation Department of Education to release the following educational records or information:

Check all that apply:

- Entire Osage Nation Higher Education Scholarship Application
- Academic Records

Name of individual(s) or organization(s) to which information may be released:

Name/Organization: \_\_\_\_\_ Name/Organization: \_\_\_\_\_

Address & Telephone: \_\_\_\_\_ Address & Telephone: \_\_\_\_\_

\_\_\_\_\_

Purpose of Release: \_\_\_\_\_ Purpose of Release: \_\_\_\_\_

Check one and sign below:

- I do not wish for the Osage Nation Department of Education to release any information about my application to anyone other than myself.
- I wish for the Osage Nation Department of Education to release the above information to the individual(s)/organization(s) also designated above. I understand that this release remains in effect from August 1<sup>st</sup> until July 31<sup>st</sup>.

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

**If the applicant is a minor a Parent/Guardian signature is required.**

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Toll Free: 800-390-6724  
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# Osage Nation Higher Education Scholarship Application

## Part 7: FINANCIAL AID PACKAGE FORM

***\*\*It is the student's responsibility to ensure forms are received in the office of the Osage Nation Department of Education on or before the deadline dates***

***Part A – TO BE COMPLETED BY THE STUDENT:***

_____	_____
Full Name- Please Print	Social Security Number
<p>I give permission for the university to release financial and academic enrollment information to the Osage Nation Department of Education.</p>	
_____	_____
Signature of the Student	Date

*The Osage Nation Department of Education will need the financial aid information listed in Part B before any action will be taken on my application. When all the necessary information is on file in your office please complete and forward the form or a similar form to the:*

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***PART B – TO BE COMPLETED BY THE FINANCIAL AID OFFICE:***

*This student has applied for the Osage Nation Higher Education Scholarship and verified financial need information is required through your office before action is taken on the application. Would you please complete and forward this form or a similar form to the address above. Thank you for your cooperation and assistance.*

- Student has not yet applied for financial aid, need cannot be determined.
- Student applied late and will not be considered for funding.
- Student's application is incomplete and cannot be considered.
- Funds exhausted at this institution.
- Student receives OHLAP funding.

This college/university is on: (Please Circle)
Semester/Trimester
Quarter/ Non-term

**BUDGET PERIOD:** From \_\_\_\_\_ To \_\_\_\_\_ Date Financial Aid will begin \_\_\_\_\_

College/University Budget		Student Resources & Awards			
Tuition and Fees	\$ _____	Parent/Student Contribution	\$ _____	SEOG	\$ _____
Room & Board	\$ _____			Pell Grant	\$ _____
Books	\$ _____	VA Benefits	\$ _____	Perkins Loan	\$ _____
Travel	\$ _____	Social Security	\$ _____	Stafford Loan	\$ _____
Misc. /Other	\$ _____	State Grants	\$ _____	Work Study	\$ _____
<b>TOTAL COST</b>	<b>\$ _____</b>	<b>Other Awards</b>	<b>\$ _____</b>	<b>TOTAL Resources</b>	<b>\$ _____</b>

\_\_\_\_\_  
Signature of Financial Aid Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of School and Address

\_\_\_\_\_  
Telephone #

**Deadlines for this form:**

**SEMESTER SESSION DEADLINES:** \*\* Fall – August 31 \*\* Spring – January 30 \*\* Summer – May 31

**QUARTER SESSION DEADLINES:**

\*\*Fall – October 1

\*\*Winter – January 15

\*\*Spring – April 15

\*\*Summer – July 1

