Osage Nation
Education Department
102 Buffalo Ave., P.O. Box 250
Hominy, OK 74035
918-287-5300
education@osagenation-nsn.gov

Osage Nation Education Department
College Entrance Assistance Program

The Osage Nation Education Department (ONED) College Entrance Assistance program (CEAP) serves Osage members nationwide as they seek entrance into higher education institutions. CEAP funds can apply towards Advanced Placement (AP) exams, ACT/SAT exams (including score report for super score), college application fees, and test preparation workshop and/or materials.

Eligibility

- Enrolled members of the Osage Nation
- Current student in grades 6 – 12, high school graduate, or GED recipient

CEAP Request Checklist

Prepayment requests must be submitted twenty-five (25) business days prior to the registration deadline. Reimbursement requests are accepted up to six (6) months after payment has been made towards an allowed expense. Funding is available on a first come/first serve basis.

____ Completed CEAP Request Form

____ Copy of Osage Nation membership card

____ Current transcript or GED certificate

____ Valid receipt of payment with description (for reimbursement requests)

____ Invoice with description (for prepayment requests)

____ Copy of test results (not required for test prep or college application fees)

Grade	ACT Exam	SAT Exam	AP Exam	Prep / materials	College application
6 - 8	NA	NA	NA	ONED prep only	NA
9 - 10	2 per year	2 per year	2 per year	Up to $100/year	NA
11 - 12	2 per year	2 per year	2 per year	Up to $100/year	2 per year
HS Grad or GED	2 per year	2 per year	NA	Up to $100/year	2 per year

Please return your completed form to the email or mailing address listed above.

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College Entrance Assistance Program Request Form

STUDENT INFORMATION

FULL NAME: _____
Last First M.I.

DATE OF BIRTH: _____ GRADE: _____ GENDER: _____

NAME OF SCHOOL SYSTEM (INCLUDE CITY): _____

CONTACT INFORMATION

PARENT / GUARDIAN (if under 18): _____

EMAIL: _____ PHONE NUMBER: _____

MAILING ADDRESS: _____
Street Address Apt/Unit # City, State Zip Code County

REQUEST INFORMATION

TEST NAME AND AMOUNT: _____ TEST DATE/S: _____

WORKSHOP / MATERIALS NAME: _____ TEST PREP DATE: _____

NAME OF COLLEGE / UNIVERSITY FOR APPLICATION FEE: _____

NAME OF PAYEE: _____

**A completed W9 form is required to be on file for any individual receiving a payment.*

CERTIFICATION

I certify that the information given is true and accurate to the best of my knowledge. I understand the information provided will be verified by the Osage Nation Education Department. I also understand that services may be denied if it is determined that I have falsified information pertaining to this application. I allow release of the information for verification purposes and determination of eligibility

SIGNATURE OF APPLICANT OR PARENT/GUARDIAN (MUST BE OVER 18 TO SIGN) **DATE**

FOR OFFICE USE ONLY

RECEIVED VIA: WALK IN MAIL FAX MAIL

INITIALS OF STAFF:

VERIFIED AND APPROVED BY:

RECEIVED