

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



SCAN QR FOR ONLINE FORM VERSION:



Drivers Education Program (DEP)

APPLICANT INFORMATION

NAME: _____ Gender: _____
Last First M.I.

DATE OF BIRTH: _____ Osage Tribal Membership Number: _____

PARENT/GUARDIAN NAME: _____
Last First

CONTACT INFORMATION

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

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

PHONE: _____ EMAIL: _____

CURRENT SCHOOL INFORMATION

SCHOOL NAME: _____ GRADE LEVEL: _____

SCHOOL TYPE: (CIRCLE ONE) PUBLIC PRIVATE CHARTER HOMESCHOOL

Do you plan to attend the Safer Driving School offered at the Osage Nation Education Department?
If No, then please provide Driver's Education Program information below.

PLEASE CIRCLE: YES OR NO

NAME OF DRIVER'S EDUCATION PROGRAM

START DATE: _____ PAYMENT DEADLINE: _____

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

CONTACT PERSON: _____ PHONE: _____

EMAIL OR WEBSITE: _____

RECORDS RELEASE AND PRIVACY INFORMATION

Your application and supporting documents are used by the Osage Nation Education Department in the management of this program. Please indicate below if you authorize the release of your records to anyone other than you.

I authorize the Osage Nation Education Department to release my child's data including application information and academic records to the individual or organization named below (i.e. grandparent or other relative):

NAME/ ORGANIZATION: _____

CERTIFICATION

I hereby certify that I meet eligibility requirements of the program and the information provided on this application is complete and accurate to the best of my knowledge. The Osage Nation Education Department may make all inquiries deemed necessary to verify the accuracy of the statements made on this application. By receiving this scholarship grant, I hereby submit and consent to the jurisdiction of the Osage Nation and its courts for any action I may have, or the Osage Nation may have against me, under its terms and conditions.

I also certify I will use any funds I receive from the Osage Nation DEP Program solely for eligible expenses connected with attendance at the driver education school that my child will be attending. I have received and read the Osage Nation Policies and Procedures for this program. If requested, I will provide proof of information. Falsification of information may result in termination of any award granted.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

STUDENT SIGNATURE: _____ DATE: _____

Protected Records Statement

The information on this application and any supporting documentation attached is collected pursuant to the Osage Nation Open Records Act and has Protected Record status. The Osage Nation will not disclose any record containing protected information without the written consent of the applicant unless the requestor uses the information to perform assigned duties as an employee of the Osage Nation. Others who may request the information are Osage Nation Departments/Programs with which you are receiving or requesting services or the Office of the Osage Nation Attorney General to detect and eliminate fraud.

This application is complete when all required documents are submitted:

- _____ Completed Application
- _____ Osage Nation Membership Card
- _____ Invoice/ Cost Statement from Driver's School
- _____ Verification of Registration for driving school/services
- _____ W-9 form (vendor)
- _____ Verification of Enrollment from High School

PLEASE RETURN YOUR COMPLETED FORM TO:
EDUCATION@OSAGENATION-NSN.GOV

OR
OSAGE NATION EDUCATION DEPARTMENT ATTN:
DRIVER EDUCATION PROGRAM
102 BUFFALO AVE.
P.O BOX 250 HOMINY, OK 74035

RECEIVED VIA: WALK IN MAIL FAX EMAIL

ISSUE DATE: _____

INITIALS OF TECH: _____

VERIFIED AND APPROVED BY: _____

RECEIVED

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STUDENT NAME: _____
Last First M.I.

School Information/ Verification of Enrollment (VOE)

The Osage Nation Education Department has a program that helps our Osage students with driver education services. According to our guidelines, we need verification of enrollment for the above-mentioned student to be eligible for this assistance. Any questions regarding this form can be directed to the Education Department at 918-287-5300, Monday - Friday 8am - 4:30pm.

SCHOOL NAME: _____

PHONE: _____ SCHOOL TYPE: (CIRCLE ONE): _____ PUBLIC PRIVATE CHARTER

ACADEMIC YEAR: _____ CURRENT GRADE: _____

SCHOOL OFFICIAL'S SIGNATURE: _____

SCHOOL OFFICIAL'S TITLE: _____