Osage Nation
Education Department
102 Buffalo Avenue
P.O. Box 250
Hominy, OK 74035
918-287-5300
EDUCATION@OSAGENATION-NSN.GOV

SCAN QR FOR ONLINE FORM VERSION:

OSAGE NATION STAR SCHOLARSHIP APPLICATION

APPLICANT INFORMATION

NAME: _____

DATE OF BIRTH: _____

OSAGE TRIBAL MEMBERSHIP NUMBER: _____ GENDER: _____

CONTACT INFORMATION

PARENT/GUARDIAN NAME (S): _____

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:_____

LIST ANY AWARDS:_____

CAMP/TRAINING INFORMATION (IF AVAILABLE)

OFFICIAL NAME: _____

DATE OF CAMP/TRAINING: _____ PAYMENT DEADLINE: _____

ADDRESS: _____

CONTACT PERSON: _____ PHONE NUMBER: _____

EMAIL OR WEBSITE: _____

WHY IS THIS CAMP OR WORKSHOP IMPORTANT TO YOU? STUDENT MUST WRITE A STATEMENT BELOW.

_____

_____

_____

RECORDS RELEASE AND PRIVACY INFORMATION

Your application and supporting documents are used by the Osage Nation Education Department in the management of this scholarship 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 names below (i.e grandparent or other relative):

Name/Organization: _____

CERTIFICATION

I hereby certify that I meet the 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 the funds I receive from the Osage Nation STAR Scholarship solely for the eligible expenses connected with attendance at the camp/training that my child or I will be attending. I have received and read the Osage Nation Policies and Procedures for this scholarship. If requested, I will provide proof of information, including an official report card of grades. 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 needed documents are submitted:

____ Completed Application
____ Osage Nation Membership Card
____ Most Recent Report Card

Please return your completed form to:
education@osagenation-nsn.gov
or
Osage Nation Education Department
Attn: Star Scholarship
102 Buffalo Ave.
P.O. Box 250
Hominy, OK 74035

FOR OFFICE USE ONLY

RECEIVED VIA: WALK IN MAIL FAX EMAIL

ISSUE DATE:

INITIALS OF STAFF:

VERIFIED AND APPROVED BY:

RECEIVED