



John L. Rubel Trust Scholarship

Scholarship Application

Applicant Information

Full Name: _____ Date: _____
 Last *First* *M.I.*
Address: _____
 Street Address *Apartment/Unit #*

 City *State* *Zip Code*
Phone: _____ Email: _____

Education

High School: _____ Address: _____
Did you graduate? YES NO Diploma: _____
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Please circle the school in which you are enrolled in: OSU–I.T. Okmulgee/Bartlesville Tri-County Tech

School Address: _____

Semester applying for: Fall _____ Spring _____

Degree/Certificate/Licensure Seeking: _____

Criteria

- Application must be approved by ONED prior to the first day of class
- Applicant must be an enrolled student at OSU Okmulgee or Bartlesville Tri-County Tech
- Applicant must submit Osage Tribal Membership Card
- Applicant must submit high school or college transcript (transcript must include most recent grades and classes)
- Scholarship award amount is \$500 per semester

Attachment C

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. Osage Nation Education Department may make all inquiries deemed necessary to verify the accuracy of the statements made on this application.

I also certify I will use any funds I receive from the John L. Rubel Scholarship solely for eligible expenses connected with attendance at the school I am attending. I have received and read the Osage Nation Policies and Procedures Student Handbook. If requested, I will provide proof of information, including an official transcript of grades. Falsification of information may result in termination of any award granted.

Student's Signature: _____ Date _____

Parent Signature: _____ Date _____

(Required if student is under 18)

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.

Please return your completed form to:

scholarship@osagenation-nsn.gov

or

Osage Nation Education Department
Attn: Career Training and Scholarship
102 Buffalo Ave.
Hominy, OK 74035

Attachment C