



Morris E. and Ethel Carlton Wheeler Scholarship Trust

Scholarship Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address/Apt. # City State Zip

Phone: _____ Email: _____

Education

High School: _____ Address: _____

From: _____ to: _____ Did you graduate? Yes ☐ No ☐ Diploma: _____

College: _____ Address: _____

From: _____ to: _____ Did you graduate? Yes ☐ No ☐ Diploma: _____

Other: _____ Address: _____

From: _____ to: _____ Did you graduate? Yes ☐ No ☐ Diploma: _____

Degree/Certificate/Licensure Seeking:

Criteria

- Must meet application deadlines: **April 1 and October 15**
- Must submit Osage Tribal Membership Card or other proof of lineal descent
- Must submit high school or college transcript (must include most recent grades and classes)
- Must submit signed verification of enrolment for semester of application

Attachment D

- Scholarship award amount is **\$250 per semester**

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 Osage Nation Morris E. and Ethel Carlton Wheeler Scholarship Trust 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 D