



Mary E. Tinker Scholarship

Applicant Information

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

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

Phone: _____ Email: _____

Education

High School: _____ Address: _____

Did you graduate? Yes or No Graduation Date: _____

Name of Post-Secondary School: _____

School Address: _____

Semester applying for: Fall _____ Spring _____

Degree Seeking: _____

Application Checklist

Must meet application deadlines: **(Fall) September 15th and (Spring) February 15th**

The student is responsible for submitting all materials to the Osage Nation Education Department on time. Incomplete applications will not be processed. This application becomes complete when all of the following materials have been received:

- _____ Completed Student Application
- _____ Osage Nation Membership Card
- _____ Invoice or Cost Statement
- _____ Verification of Enrollment
- _____ Course Schedule and/or Program Plan
- _____ Complete Transcript

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 data including application information and academic records to the individuals or organizations named below:

Yes _____ No _____

Name/Organization #1: _____

Address: _____ Telephone: (____) _____

Name/Organization #2: _____

Address: _____ Telephone: (____) _____

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 Mary E. Tinker Scholarship solely for eligible expenses connected with attendance at the school I am attending. I have received and read the Osage Nation Education Department 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's 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