Osage Nation

Oscar H. Hope Youth Scholarship

Applicant Information

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

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

Phone: _____ Email: _____

Osage Tribal Membership Number: _____ Gender: _____ Male _____ Female

Parent/Guardian Name: _____ Phone Number: _____

Current School Information

School Name: _____Grade Level: _____

Address: _____

City/State/Zip: _____ Phone Number: _____

Application Checklist

The parent/guardian 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 Application
____ Osage Nation Membership Card
____ Invoice or Cost Statement
____ Verification of Enrollment
____ Camp/Training Agenda
____ Most Recent Report Card

Dates of Camp/Training: _____ Payment Deadline: _____

Camp/Training Information

Camp/Training you plan to attend (Use official name - **No** abbreviations)

Name: _____

Check Payable to: _____

Mailing Address: _____

City/State/Zip: _____

Contact Person (full name):_____

Phone Number: _____

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 individuals or organizations named below:

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. The 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 Oscar H. Hope Scholarship solely for eligible expenses connected with attendance at the camp/training that I or my child 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: _____

(Required if student is over 17)

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: Youth Scholarship
102 Buffalo Ave.
Hominy, OK 74035