



# 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 Registration
- \_\_\_\_ Camp/Training Agenda
- \_\_\_\_ Most Recent Report Card

Dates of Camp/Training: \_\_\_\_\_ Payment Deadline: \_\_\_\_\_

**Camp/Training Information** (Use official name - **No** abbreviations)

Name: \_\_\_\_\_

Check Payable to: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact Person (full name): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Category (circle one):            Arts            Humanities            Science

**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. 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 any funds I receive from the 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](mailto:scholarship@osagenation-nsn.gov)**

**or**

Osage Nation Education Department

**Attn:** Youth Scholarship

102 Buffalo Ave.

P.O. Box 250

Hominy, OK 74035