# Osage Nation Department of Education
# College Entrance Assistance Program

www.osagenation-nsn.gov/k-12-outreach-programs
*Toll Free: 1-800-390-6724 Phone: 918-287-5300 Fax: 918-287-5567*

**Prepayment Request Checklist:**

_____ Copy of Osage Membership Card
_____ Completed CEAP Request Form
_____ Invoice for payment (w/description)
_____ Current Transcript
_____ Submit 25 business days before payment/registration deadline

**Reimbursement Request Checklist**

_____ Copy of Osage Membership Card
_____ Completed CEAP Request Form
_____ Receipt of Payment (w/description)
_____ Current Transcript
_____ Copy of Test Results *(*test results are not required for test prep or college app fees)*

The mission of the College Entrance Assistance program (CEAP) is to assist Osage members across the nation as they seek entrance into higher education institutions. CEAP funds can apply towards Advanced Placement (AP) exams, ACT/SAT exams, college application fees, and test preparation workshop and/or materials.

Prepayment requests must be submitted twenty-five (25) business days prior to the registration deadline. Reimbursement requests are accepted up to six (6) months after payment has been made towards an allowed expense. Funding is available on a first come/first serve basis.

| Grade | ACT | SAT | AP | Prep | College App |
|---|---|---|---|---|---|
| Freshman | 2 | 2 | 2 | Up to $100/yr. | NA |
| Sophomore | 2 | 2 | 2 | Up to $100/yr. | NA |
| Junior | 2 | 2 | 2 | Up to $100/yr. | 2 |
| Senior | 2 | 2 | 2 | Up to $100/yr. | 2 |
| HS Grad | 2 | 2 | NA | Up to $100/yr. | 2 |
| GED | 2 | 2 | NA | Up to $100/yr. | 2 |

## Student Eligibility Requirements

1. Applicant must be an enrolled member of the Osage Nation.
2. Applicants must be a 9th-12th grader, high school graduate, or obtained a GED.

**Return all completed applications to:**
Osage Nation Education Department
College Entrance Assistance Program
102 Buffalo Ave.
P.O. Box 250
Hominy, OK 74035
**education@osagenation-nsn.gov**
**Fax:** 918-287-5567

# Osage Nation College Entrance Assistance Program

REQUEST FORM

102 Buffalo Ave. P.O. Box 250 Hominy, OK 74035 Phone: 918-287-5300

## REQUEST TYPE

___ Test or Exam:__AP__SAT ____ ACT with___ writing or ___ without Test Date: _____

___ Workshop or Materials ____ Pre-Payment Prep Date: _____

___ College Application Fee ____ Reimbursement College/University: _____

## STUDENT INFORMATION

Full Name: _____ DOB: _____

First Last M.I.

Address: _____ County:_____

_____ Gender:_____

Home Phone: _____ Alternate Phone:_____

Student E-Mail:_____

## SCHOOL INFORMATION

☐ **Public** ☐ **Private** ☐ **Charter** ☐ **BIE/BIA** ☐ **Home-Schooled**

☐ **Freshman** ☐ **Sophomore** ☐ **Junior** ☐ **Senior** ☐ **GED** ☐ **HS Graduate**

## PARENT/GUARDIAN INFORMATION

Parent #1: _____ _____

Name Parent 1Phone

Parent #2: _____ _____

Name Parent 2 Phone

Parent Email: _____

*It is the policy of the Osage Nation Education Department (ONED) to provide as many resources as possible, to members of the Osage Nation, in order to ensure that students not only attend institutions of higher learning but also successfully complete a course of study.*

I certify that the information given is true and accurate to the best of my knowledge. I understand the information provided will be verified by the ONED. I also understand that services may be denied if it is determined that I have falsified information pertaining to this application. I allow release of the information for verification purposes and determination of eligibility.

Applicant Signature: _____ Date: _____

Parent Signature: _____ Date: _____

*If applicant is over 18yrs. Parent signature is not required.*