



OSAGE NATION DESKTOP GIVEAWAY

Applicant Information

Full Name:

Address:

Osage Tribal Membership number:

Gender:

Parent/Guardian Name (s):

Email:

Phone:

Current School Information

School Name:

Grade Level:

GPA:

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. 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: _____

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.

This application is complete when all needed documents are submitted:

- _____ Completed Application
- _____ Osage Nation Membership Card
- _____ Most Recent Report Card

Please return your completed form to:

education@osagenation-nsn.gov