



Osage Nation Education Department

High School Honor Cord

(Please print clearly)

Name: _____

Osage Nation Membership Number: _____

Name of High School: _____

Shipping Address: _____

Email Address: _____

Graduation 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.

Please return your completed form to:

education@osagenation-nsn.gov

or

Osage Nation Education Department

Attn: Career Training Scholarship

102 Buffalo Ave.

P.O. Box 250

Hominy, OK 74035