

Kennedy
4/1/24



Nationwide Academic Tutoring Program Post-Secondary Students

(Please print clearly)

Name: _____

Osage Nation Membership Number: _____

Name of Post-Secondary Institution: _____

Student Phone Number: _____

Email Address: _____

Student Signature: _____

Parent Signature (if applicant is under 18): _____

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.

Application Checklist

The student is responsible for submitting all materials to the Osage Nation Education Department prior to approval. Incomplete applications will not be processed. This application becomes complete when all of the following materials have been received:

- Student Application
- Osage Nation Membership Card
- A copy of student's current course schedule displaying the student name, course name(s), credit hours of enrolment for each course, and the term.

Please return your completed form to:

Tutoring@osagenation-nsn.gov

or

Osage Nation Education Department
Attn: Nationwide Academic Tutoring Program
102 Buffalo Ave.
P.O. Box 250
Hominy, OK 74035