



## OSAGE NATION EDUCATION DEPARTMENT COLLEGE ENTRANCE ASSISTANCE PROGRAM

The Osage Nation Education Department (ONED) College Entrance Assistance program (CEAP) serves Osage members nationwide as they seek entrance into higher education institutions. CEAP funds can apply towards Advanced Placement (AP) exams, ACT/SAT exams (including score report for super score), college application fees, and test preparation workshop and/or materials.

### Eligibility

- Enrolled members of the Osage Nation
- Current student in grades 6 – 12, high school graduate, or GED recipient

### CEAP Request Checklist

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.

- \_\_\_ Completed CEAP Request Form
- \_\_\_ Copy of Osage Nation membership card
- \_\_\_ Current transcript or GED certificate
- \_\_\_ Valid receipt of payment with description (for reimbursement requests)
- \_\_\_ Invoice with description (for prepayment requests)
- \_\_\_ Copy of test results (not required for test prep or college application fees)

Grade	ACT Exam	SAT Exam	AP Exam	Prep / materials	College application
<b>6 - 8</b>	NA	NA	NA	ONED prep only	NA
<b>9 - 10</b>	2 per year	2per year	2 per year	Up to \$100/year	NA
<b>11 - 12</b>	2 per year	2 per year	2 per year	Up to \$100/year	2 per year
<b>HS Grad or GED</b>	2 per year	2 per year	NA	Up to \$100/year	2 per year

Please return your completed form to the email or mailing address listed below:

[education@osagenation-nsn.gov](mailto:education@osagenation-nsn.gov)

102 Buffalo Avenue  
PO Box 250  
Hominy, OK 74035

Or fax to: 918-287-5567



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## Request Form

Email: [education@osagenation-nsn.gov](mailto:education@osagenation-nsn.gov) or Mail: 102 Buffalo Avenue, PO Box 250, Hominy, OK 74035

<b>REQUEST TYPE – Select service needed</b>		
Test fee: _____	Test date/s: _____	Workshop / Materials: _____
College Application: _____	College / University Name: _____	
<b>ASSISTANCE TYPE – Select method of service and include name of recipient/payee</b>		
Reimbursement: _____	Prepayment: _____	<i>*A completed W9 form is required to be on file.</i>
Recipient of payment: _____		
<b>STUDENT INFORMATION</b>		
Full Name: _____		
Birth Date: _____	Grade: _____	Gender: _____
Address: _____		
City / State: _____	Zip Code: _____	County: _____
Name of school: _____		
<b>PARENT / GUARDIAN / PRIMARY CONTACT</b>		
Name: _____		Phone Number: _____
Email address: _____		

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 Osage Nation Education Department. 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 / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If applicant is over 18 years, parent / guardian signature is not required.*