



OFFICE USE ONLY
APPROVED DENIED

APPLICATION #: _____ ISSUE DATE: _____

OSAGE NATION FOOD ASSISTANCE PROGRAM APPLICATION

This Application is submitted for the purpose of applying to the Osage Nation Food Assistance Program. Submission of an application does not guarantee approval. The application must be completed and returned to 102 Midland Street, Pawhuska, OK 74056. The application period is June 1, 2026, through June 30, 2026. Applicants will be informed of their acceptance within two (2) weeks after the application period ends.

I. APPLICANT'S INFORMATION:

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

II. PLEASE ANSWER THE FOLLOWING QUESTIONS:

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Are you a member of the Osage Nation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you 18 years of age or older? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is a copy of Osage Nation membership card attached to application? | <input type="checkbox"/> | <input type="checkbox"/> |

III. PLEASE SELECT PREFERRED TYPE OF FOOD ASSISTANCE:

(Select All that Apply)

HARVEST LAND:

- Canned Items
- Fresh Produce
- Other Shelf-Stable Items

BUTCHER HOUSE:

- Custom Processing
- Retail Meat

IV. SIGNATURE:

I fully understand that the submission of an application does not guarantee receipt of assistance, and that resources will be allocated or withheld based on the availability of funds and other considerations. I authorize the Osage Nation Department of Natural Resources to obtain necessary information from other sources to verify my information and establish my eligibility for assistance, and I hereby authorize such other sources to release necessary information. I have read and fully understand the policy guidelines provided with this application.

Signature: _____ Date: _____