

Osage Nation Educational Resources

Osage Nation Website: www.osagenation-nsn.gov

Osage Nation Education Department Contact Information: (918)-287-5300 | education@osagenation-nsn.gov |

Add Facebook page: Osage Nation Education Department

Higher Education Page: See the ON Policies and Procedures Student Handbook eligibility & award amounts

Higher Education Website Link | **Higher Education Scholarship Online Portal:** <https://start.scholarsapply.org/>

Annual Qualifying Scholarship Application Deadline | **Opens: May 15th & Closes: June 15th each year**

Post-Secondary Resources: College Prep & Scholarship Links

<https://www.osagenation-nsn.gov/services/education-department/post-secondary-resources>

College Entrance Assistance Program (CEAP): Assistance with ACT/SAT Tests | AP Courses | College Applications

https://s3.amazonaws.com/osagenation-nsn.gov/files/departments/education/2018-0803_Education_CEAP-Application.pdf

Nationwide Academic Tutoring Program (NATP):

https://s3.amazonaws.com/osagenation-nsn.gov/files/departments/education/2019-1002_Education_NATP-Application.pdf

Johnson O'Malley (JOM): Supports Native American/American Indian students enrolled in one of the public schools located on the Osage Nation reservation.

JOM Student Form | Add Facebook page (Osage Nation JOM Program)

Osage Nation School Support Program (ONSSP): Tribal Advocate will monitor Osage students within Osage Reservation in (PreK-12th) grades, attendance, tutoring support if needed, and help navigate through college search, enrollment and application process.

ONSSP Student Application

STAR Scholarship: Open to (7-11th) grade | 3.5 GPA | Provides assistance with summer camps | Deadline May 1st

https://s3.amazonaws.com/osagenation-nsn.gov/files/departments/education/2018-0802_Education_STAR-app.pdf

HOPE Scholarship: Open to (K-12th) grade | 3.0 GPA | Provides assistance with arts, humanities, or science camp/training | Application MUST be received no more than 30 days prior to the beginning of the camp/training.

https://s3.amazonaws.com/osagenation-nsn.gov/files/departments/education/2018-1015_Education_Oscar-H-Hope-Youth-Scholarship-app.pdf

Classroom and Teaching Resources

K-12 Lessons:

<https://www.osageculture.com/culture/education/k-12-lessons>

Multimedia Collections: Videos that consist of cooking, interviews, & short stories, Photography that covers the Osage way of life, and Podcasts conversations exploring different topic with a language lesson and song.

<https://www.osageculture.com/culture/multimedia-collections>

Osage Nation Cultural Center:

Cultural Trunks are available upon request

Contact Information: (918)287-5632/ (918)287-5580 | culturalcenter@osagenation-nsn.gov | Add Facebook page

Osage Nation Language Department:

Apps to download to help learn the language: <https://www.osageculture.com/language/learn-osage/mobile-apps>

Contact Information: 918-287-5505 | langinfo@osagenation-nsn.gov | Add Facebook page

Osage Nation Museum:

Contact Information: (918)287-5441 | Museum@osagenation-nsn.gov | Add Facebook page



Osage Nation Contacts & Resources

Osage Nation Education Department (ONED) Consultation Representatives

Mary Wildcat
ONED Director
(918) 287-5657

mwildcat@osagenation-nsn.gov

Lauren Redeagle
Tribal Education Advocate
(918) 287-9791

lauren.redeagle@osagenation-nsn.gov

Robynn Rulo
Academic Advisor
(918) 287-9713

rrulo@osagenation-nsn.gov

Chelsea Christian
Tribal Education Advocate
(918) 287-5273
chelsea.christian@osagenation-nsn.gov

Osage Nation Education Department (ONED)

102 Buffalo Ave., P.O. Box 250
Hominy, OK 74035
Phone: (918) 287-5300
Fax: (918) 287-5567

Office Hours: Monday - Friday 8:00-5:00

Email: education@osagenation-nsn.gov

Administrative Assistant: Shaina Perrier (918) 287- 9738

Higher Education Program Coordinator: Trevor Pearcey (918) 287-9728

Johnson O'Malley (JOM) Program Coordinator: Avis Ballard (918) 287-5545

STEAM Resource Coordinator:

Oklahoma State Department of Education - Office of American Indian Education

Jackie White
Executive Director
(405) 522-5311

jackie.white@sde.ok.gov

Osage Nation (ON) Department Resources

ON Constituent Services: (918) 287-5555

ON Financial Assistance: (918) 287-5325

ON Membership Office: (918) 287-5389

ON Child Care Department: (918) 287-5377

ON WELA: (918) 287-5322

Locations: Fairfax, Hominy,
Pawhuska, & Skiatook

ON Daposka Ahnkodapi: (918) 287-9772

ON Museum: (918) 287-5441

ON Language Department: (918) 287-5505

Wahzhazhe Cultural Center: (918) 287-5632

Wahzhazhe Health Center: (918) 287-9300

ON Social Services: (918) 287-5243

ON Counseling Center: (918) 287- 5413

ON Police Department: (918) 287-5510

ON Women, Infants, & Children (WIC): (918)287-5362

ON Housing Department: (918) 287-5310

ON Food Distribution: (918) 287-5428

ON Title VI Elder Nutrition Center:

Pawhuska Site: (918) 287-5454

Fairfax Site: (918)287-5248

ON Harvest Land: (918) 287-5531

ON Prevention: (918) 287-5595

ON Historic Preservation: (918) 287-5328





Osage Nation Department of Education College Entrance Assistance Program

www.osagenation-nsn.gov/k-12-outreach-programs

Toll Free: 1-800-390-6724 Phone: 918-287-5300 Fax: 918-287-5567



Prepayment Request Checklist:

- ☐ Copy of Osage Membership Card
- ☐ Completed CEAP Request Form
- ☐ Invoice for payment (w/description)
- ☐ Current Transcript
- ☐ Submit 25 business days before payment/registration deadline

Reimbursement Request Checklist

- ☐ Copy of Osage Membership Card
- ☐ Completed CEAP Request Form
- ☐ Receipt of Payment (w/description)
- ☐ Current Transcript
- ☐ Copy of Test Results (**test results are not required for test prep or college app fees*)

The mission of the College Entrance Assistance program (CEAP) is to assist Osage members across the nation as they seek entrance into higher education institutions. CEAP funds can apply towards Advanced Placement (AP) exams, ACT/SAT exams, college application fees, and test preparation workshop and/or materials.

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.

Grade	ACT	SAT	AP	Prep	College App
Freshman	2	2	2	Up to \$100/yr.	NA
Sophomore	2	2	2	Up to \$100/yr.	NA
Junior	2	2	2	Up to \$100/yr.	2
Senior	2	2	2	Up to \$100/yr.	2
HS Grad	2	2	NA	Up to \$100/yr.	2
GED	2	2	NA	Up to \$100/yr.	2

Student Eligibility Requirements

1. Applicant must be an enrolled member of the Osage Nation.
2. Applicants must be a 9th-12th grader, high school graduate, or obtained a GED.

Return all completed applications to:

Osage Nation Education Department
College Entrance Assistance Program
102 Buffalo Ave.

P.O. Box 250

Hominy, OK 74035

education@osagenation-nsn.gov

Fax: 918-287-5567



Osage Nation College Entrance Assistance Program

REQUEST FORM

102 Buffalo Ave. P.O. Box 250 Hominy, OK 74035 Phone: 918-287-5300



REQUEST TYPE

☐ Test or Exam: ☐ AP ☐ SAT ☐ ACT with ☐ writing or ☐ without Test Date: _____
☐ Workshop or Materials ☐ Pre-Payment Prep Date: _____
☐ College Application Fee ☐ Reimbursement College/University: _____

STUDENT INFORMATION

Full Name: _____ DOB: _____
First Last M.I.

Address: _____ County: _____

Gender: _____

Home Phone: _____ Alternate Phone: _____

Student E-Mail: _____

SCHOOL INFORMATION

☐ Public ☐ Private ☐ Charter ☐ BIE/BIA ☐ Home-Schooled
☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ GED ☐ HS Graduate

PARENT/GUARDIAN INFORMATION

Parent #1: _____
Name Parent 1 Phone

Parent #2: _____
Name Parent 2 Phone

Parent Email: _____

It is the policy of the Osage Nation Education Department (ONED) to provide as many resources as possible, to members of the Osage Nation, in order to ensure that students not only attend institutions of higher learning but also successfully complete a course of study.

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 ONED. 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 Signature: _____ Date: _____

If applicant is over 18yrs. Parent signature is not required.



**Osage Nation Education Department
Nationwide Academic Tutoring Program**

102 Buffalo Ave.
P.O. Box 250
Hominy, OK 74035
(918) 287-5300

Dear Parent/Guardian:

The Nationwide Academic Tutoring Program (NATP) is designed to provide Osage students with academic tutoring assistance. The intent of the program is to serve Osage students who are at risk in required subject areas. To determine if your student is eligible, please review the NATP policies and procedures.

Application Checklist

- ☐ Osage Membership Number (to be verified internally)
- ☐ Completed Application (signed)
- ☐ Completed Release of Information (signed)

Applications may be mailed to the above address, or you may scan and email your application to education@osagenation-nsn.gov. If you have any questions, please call us. Our office hours are Monday thru Friday from 8:00 a.m. to 4:30 p. m. (CST).

Sincerely,

Mary Wildcat
Director

Student Information			
Last Name:		First Name:	MI: Date of Birth:
Street:		City:	State: Zip Code:
Student Phone:	Student Email:		Gender: Grade:
School:			Osage Membership No.:
Reason for Tutoring: <input type="checkbox"/> Struggling to maintain "C" or above <input type="checkbox"/> Reading below grade level <input type="checkbox"/> Failed state mandated tests <input type="checkbox"/> Failed end of instruction test <input type="checkbox"/> Teacher recommendation			

Parent Information			
Last Name:		First Name:	MI:
Street:		City:	State: Zip Code:
Phone:	Email:		Osage Membership No.:

Parent Information			
Last Name:		First Name:	MI:
Street:		City:	State: Zip Code:
Phone:	Email:		Osage Membership No.:

Tutoring Center Information			
Name of Tutoring Center:			
Street:		City:	State: Zip Code:
Phone:	Email:		Point of Contact:
Subject One:		Subject Two:	



Osage Nation Education Department
102 Buffalo Ave.
P.O. Box 250
Hominy, OK 74035
(918) 287-5300

AUTHORIZATION FOR USE AND/OR DISCLOSURE OF EDUCATION RECORDS

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student education records created or maintained by a school that receives federal funds. Completion of this document authorizes the disclosure and use of education records as described below. Completion of this document also authorizes you to discuss this information with representatives of the organization named below entitled to receive said information.

Student Name:	Date of Birth:
Name of School:	Grade:
Parent/Legal Guardian:	Relationship to Student:

Use and Disclosure Information

I, the undersigned, do hereby authorize _____ to disclose and deliver the complete
Name of student's school

education records maintained under the above student's name including, but not limited, to the following:

- Grades and transcripts
- Psychological & educational testing
- Verbal information
- School health records
- Special education records
- Discipline

Please list any records you do not wish to be disclosed:

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The education records described above shall be delivered to the Osage Nation c/o Osage Nation Education Department located at 102 Buffalo Ave., P.O. Box 250, Hominy, OK 74056. For questions, please call the Osage Nation Education Department at (918) 287-5300.

Purpose

This information is to be disclosed and used for the purpose of the reasons listed below (check if applicable):

- ☐ Special Education
- ☐ Evaluation & Planning
- ☐ Provision of Special Education Services
- ☐ Other

Authorization for Re-disclosure

Under federal law, the Osage Nation may not disclose the information identified above to any other party without your prior consent. If you wish to authorize the Osage Nation to disclose the information identified above, please mark the box below:

- ☐ I authorize the Osage Nation to disclose the education information described above and I understand that if the information is disclosed it may not be protected by federal privileges, privacy laws or regulations.

Approval

My authorization for the use, disclosure and/or re-disclosure of the information identified above is voluntary. I understand that the information to be disclosed or re-disclosed may include individually identifiable health information. I understand that, upon my request, I am entitled to a signed copy of this authorization form and the records to be disclosed. Unless sooner terminated in writing, this release shall remain effective following the date signed below. A copy of this release shall be sufficient to authorize release of information identified above as the original signed by me.

Student's Parent/Legal Guardian

Date

Relationship to Student