



## Financial Assistance Services for School Clothing, Supplies, and Technology Program

This Application is available nationwide to eligible legally enrolled Osage tribal members. Applications will open for the new academic school year on July 1<sup>st</sup>. **Applications are to be submitted online up until the deadline of May 1<sup>st</sup> of each year.**

### Eligibility Requirements:

1. Student(s) must be a legally enrolled member of the Osage Nation;
2. Student(s) must be enrolled in Pre-Kindergarten through twelfth (12<sup>th</sup>) grade.
3. Student(s) must be enrolled in a public, home school, private, charter, or boarding school; and
4. Student must provide a verification of enrollment with this Application that meets the requirements of the Program's Policy.
  - a. Applications for home-schooled Students must submit a receipt from a verifiable company of the home-school curriculum to be used for the academic year. Students who are home-schooled via an online charter or virtual academy must submit a letter with the company's official letterhead verifying the student is enrolled for the academic year.

### Application Process:

Applications are not considered complete until all required and requested documents have been submitted for each Student to the ONED by the deadline.

Applications meeting all eligibility requirements will be processed in the order received.

Assistance will be provided in the form of direct deposit for purchase of school clothes, supplies, and technology pursuant to the policies of the Program. All parents and/or legal guardians of eligible students shall complete the Electronic Funds Transfer/ Direct Deposit Form in order to receive funds.

**The following items are not permitted: toiletries, consumable or tangible items such as groceries, food/drinks, tobacco, alcohol, gas, cell phones, phone cards, and/or music cards, sports gear, makeup, jewelry, body sprays/perfumes/colognes, purses/accessories, hair products, televisions, ball caps and/or hats, etc.**

All questions can be emailed to [schoolassistance@osagenation-nsn.gov](mailto:schoolassistance@osagenation-nsn.gov)



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The Student's parent or legal guardian must complete and sign this application for each enrolled Osage Nation child in order to be eligible for assistance. Parents that do not have legal or physical custody of their children are ineligible to apply for this assistance; and any parent who attempts to make such application shall be subject to legal action in the Osage Nation Courts.

### Student Information

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Osage Tribal Membership number: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian Name (s): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Current School Information

\_\_\_\_\_ Academic Year

\_\_\_\_\_ Public \_\_\_\_\_ Private \_\_\_\_\_ Charter \_\_\_\_\_ Homeschool

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

### Request Type

\_\_\_\_\_ School Clothing \_\_\_\_\_ School Supplies \_\_\_\_\_ School Technology

**\*\*Assistance amount shall not exceed \$250 per student\*\***

### Electronic Funds Transfer/ Direct Deposit

Account Type: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

Name of Financial Institution: \_\_\_\_\_

Bank Routing # \_\_\_\_\_ Account # \_\_\_\_\_

Account Holder Name: \_\_\_\_\_ Account Holder's Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

#### EFT Authorization Agreement

I hereby authorize the Osage Nation Treasury Department to initiate deposits to the bank account identified above. This Agreement authorizes the Osage Nation Treasury Department to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) identified and to other accounts I (we) may identify in the future. This Agreement further authorizes the financial institution holding the account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable Osage Nation, federal and state laws. This authorization shall be in effect until the Osage Nation Treasury Department receives a written termination notice from myself and has a reasonable opportunity to take such action to terminate such Agreement. I understand the Osage Nation Treasury Department will not provide written statements advising me of any deposits. The Account Holder whose signature appears below understands the Osage Nation may assign its rights and obligations under this Agreement to an Osage Nation designated fee-for-service contractor. The Osage Nation may change its designated contractor at its discretion. The undersigned hereby acknowledges they have read and understand this entire Agreement. If my financial institution information changes, I, the undersigned, hereby agree to submit an updated EFT Authorization Agreement to the Osage Nation within thirty (30) days of any such change.

**The Osage Nation is not responsible nor liable for inaccurate or lost banking information provided by the Student's parent/guardian or stolen checks.**

Account Holder Signature: \_\_\_\_\_ Date \_\_\_\_\_

## Records Release and Privacy Information

Your application and supporting documents are used by the Osage Nation Education Department in the administration of the Program. Please indicate below if you authorize the release of your records to anyone other than you.

I authorize the Osage Nation Education Department to release the Student identified in this Application including their personal data and academic records to the individual or organization named below (i.e. grandparent or other relative):

Name/Organization: \_\_\_\_\_

Date: \_\_\_\_\_

### Certification

I hereby certify that my Student(s) meet the eligibility requirements of the Program and the information provided within this Application is complete and accurate to the best of my knowledge. The Osage Nation Education Department may make all inquiries deemed necessary to verify the accuracy of the statements made on this Application. This Application shall be governed by the laws of the Osage Nation. ***By receiving this assistance, I hereby submit and consent to the exclusive jurisdiction of the Osage Nation Courts for any action I may have, or the Osage Nation may have against me pursuant to these terms and conditions and the Program Policy.***

I further certify I will use such funds received solely for the eligible purchases/expenses of the Program for school clothing, supplies, and technology. I further certify I have received and read the Osage Nation Policies and Procedures for this Program assistance. If so requested by the Education Department or the Office of the Attorney General, I agree to provide proof of information, including an official report card of my Student(s) grades and any receipts verifying usage of funds. ***I further understand falsification of any of the information provided within this Application may result in termination of any assistance granted from the Osage Nation Education Department, either temporarily or permanently and may further result in an action for fraud pursuant to the laws of the Osage Nation.***

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature (if over eighteen (18)): \_\_\_\_\_ Date: \_\_\_\_\_

### Protected Records Statement

This Application and any supporting documentation attached hereto is protected pursuant to the Osage Nation Open Records Act and is thus a Protected Record pursuant to 15 ONC § 8-104. The Osage Nation will not disclose any information within this Application containing protected information without the written consent of the Student's parent/legal guardian unless the requestor is using 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.

### This application is considered complete when all needed documents are submitted:

- \_\_\_\_\_ Completed Application
- \_\_\_\_\_ Osage Nation Membership Card
- \_\_\_\_\_ Receipt from Homeschool Program OR
- \_\_\_\_\_ Verification of Enrollment from School
- (School letter head signed and dated by the school, which includes the Student's name, date of birth and academic school year.)
- \_\_\_\_\_ Legal Documents (if applicable)

**Please return your completed form to:**  
[schoolassistance@osagenation-nsn.gov](mailto:schoolassistance@osagenation-nsn.gov)

**Or**

Osage Nation Education Department Attn:  
School Assistance  
102 Buffalo Ave.  
P.O Box 250  
Hominy, OK 74035