

## **Osage Nation Scholarships**

## **VERIFICATION OF ENROLLMENT**

Name of Student:	
Social Security Number:	
Name of Institution:	
Registrar's Office: Please complete the section below (or attach an official letter).	
The above student is enrolled in	hours for the 20
(Check only one)	
Fall Winter	Spring Summer
Complete Program	
(Circle only one)	
Clock Hours Credit Hours	S Continuing Hours
Registrar's Office Signature and Date:	Official Seal of Institution:
	a a
Signature Date	

Please return your completed form to:

scholarship@osagenation-nsn.gov

or

Osage Nation Education Department Attn: Career Training Scholarship 102 Buffalo Ave. Hominy, OK 74035