FINANCIAL AID PACKAGE FORM
2026-27 Academic Year

This form should only be completed if the student is taking courses at a college while still enrolled in high school.

PART A – TO BE COMPLETED BY THE STUDENT

I, _____, authorize the release of financial and enrollment information to
(Student Name – Please Print)
Scholarship America for purposes of administering scholarship funds on behalf of the Osage Nation.

Student's Signature: _____ Date: _____

PART B – TO BE COMPLETED BY THE COLLEGE OR UNIVERSITY FINANCIAL AID OFFICE

The student listed above applied for the Osage Nation Higher Education Scholarship and verified information regarding incurred education-related expenses is required before funding can be finalized. Even if the student does not qualify for FAFSA or other aid, please provide the cost information requested below. Forward the completed form to the address below or return the form to the student. Thank you for your cooperation and assistance.

Indicate the term for the information provided below:

- ☐ Fall term 2026
- ☐ Winter term 2027(quarter schools only)
- ☐ Spring term 2027
- ☐ Summer term 2027
- ☐ Other, indicate start and end dates below
  From _____ to _____

This college/university is on:
(Please circle)

Semester/Trimester

Quarter/ Non-term

EDUCATION-RELATED EXPENSES	
Amount of **Tuition and Fees** due to the college	$
Tuition Waiver amount (if any)	$
Amount of actual incurred cost of **Tuition and Fees** to be paid by the student (less tuition waiver)	$
Actual incurred cost of **Books**	$
TOTAL INCURRED COST OF TUITION, FEES, AND BOOKS TO BE PAID BY THE STUDENT	$

Signature of Financial Aid Advisor:_____ Date:_____

College/University Name: _____ Phone Number:_____

Mailing Address:
Osage Nation Scholarship Program
Scholarship America
One Scholarship Way
Saint Peter, MN 56082
Toll Free Phone: 855-758-8609
Email: OsageNation@scholarshipamerica.org