

**FINANCIAL AID PACKAGE FORM
2024-25 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 2024
- Winter term 2025 (quarter schools only)
- Spring term 2025
- Summer term 2025
- 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 <u>incurred</u> cost of Tuition and Fees to be paid by the student (less tuition waiver)	\$ _____
Actual <u>incurred</u> 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