



# Osage Nation Career Training Scholarship

## VERIFICATION OF ATTENDANCE Living Stipend Form

Osage Nation Membership Number:
Name of Student:
Name of Institution:
Institution Phone Number:

**Institution Office:** Please complete the section below (or attach an official letter).

**Student in question is attending 2025-26 and “Good Standing” with the institute or has at least a 2.0 GPA. (check mark box if statement is true)**

**(Check only one)**

Fall  Winter  Spring  Summer  Complete Program

**(Circle only one)**

Full-Time      Part-Time      Less Than Part-Time

<b>Institution Office Signature:</b>  <hr/> <i>Signature</i>  <hr/> <b>Position</b>	<b>Official Seal of Institution:</b>
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**This completed form can be emailed from the institute to**  
[scholarship@osagenation-nsn.gov](mailto:scholarship@osagenation-nsn.gov)

**or upload into student portal**  
<https://portal.osagenation-nsn.gov/service-hub/education>