

MAE LASSLEY CATHOLIC OSAGE SCHOLARSHIP  
APPRAISAL FORM

STUDENT: FILL IN YOUR NAME, APPLICATION INFORMATION, HIGH SCHOOL OR COLLEGE LAST ATTENDED, CITY AND STATE, AND SEND THIS FORM TO ONE OF THE FOLLOWING: YOUR HIGH SCHOOL PRINCIPAL, COUNSELOR, OR COLLEGE PROFESSOR.

NAME OF STUDENT	ADDRESS
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HIGH SCHOOL OR COLLEGE LAST ATTENDED	CITY	STATE
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THE FOLLOWING IS MY PERSONAL, CONFIDENTIAL RECOMMENDATION OF THE STUDENT NAMED ABOVE FOR FINANCIAL AID CONSIDERATION.


TO BE FILLED IN BY PRINCIPAL, PROFESSOR OR COUNSELOR ONLY	PERIOD OF ACQUAINTANCE
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NAME OF HIGH SCHOOL OR COLLEGE	SIGNATURE
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CLASS RANK OF STUDENT	G.P.A.	PROFESSION & TITLE
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ADDRESS
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RETURN TO: OSAGE SCHOLARSHIP FUND  
P.O. BOX 690240  
TULSA, OK 74169  
918-294-1904

**MUST BE COMPLETED AND RETURNED BY APRIL 15, 2026.**