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, COLLEGE OR UNIVERSITY PROFESSOR, OR TRADE OR VOCATIONAL INSTITUTION INSTRUCTOR.

_____
NAME OF STUDENT

_____
ADDRESS CITY STATE

_____
HIGH SCHOOL, COLLEGE OR TRADE SCHOOL LAST ATTENDED

_____
ADDRESS CITY STATE

_____
THE FOLLOWING IS MY PERSONAL, CONFIDENTIAL RECOMMENDATION OF THE STUDENT NAMED ABOVE FOR FINANCIAL AID CONSIDERATION.

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TO BE FILLED IN BY PRINCIPAL, PROFESSOR, COUNSELOR, OR INSTRUCTOR ONLY

PERIOD OF ACQUAINTANCE

_____
NAME OF HIGH SCHOOL, COLLEGE OR TRADE SCHOOL

SIGNATURE

_____
CLASS RANK OF STUDENT G.P.A. PROFESSION & TITLE

_____
ADDRESS

RETURN TO: OSAGE SCHOLARSHIP FUND
P.O. BOX 690240
TULSA, OK 74169
918-294-1904

MUST BE COMPLETED AND RETURNED BY APRIL 15, 2027.