



Omega Institute 2011 UBCF Scholarship Program Rhinebeck Campus

Dear Scholarship Applicant,

The United Breast Cancer Foundation (UBCF) and the Omega Institute for Holistic Studies are proud to announce a partnership providing financial assistance to breast cancer patients and survivors so they can participate in classes, seminars, and other learning opportunities focused on holistic healing, health, and wellbeing at Omega's Rhinebeck, New York campus.

Scholarships cover program tuition, meals, and accommodations. Potential candidates can download an application from the UBCF web site at ubcf.info or Omega's website at eOmega.org. A letter verifying health status from a doctor, two current pay stubs verifying income, and the attached, completed application form should be mailed to Omega Institute, Scholarship Department, 150 Lake Drive, Rhinebeck, NY 12572-3252

Eligibility:

Eligibility is primarily determined based on financial need as set forth in US Federal Guidelines at 2 1/2 times the Federal Poverty Level (see application). Please note: This determines your financial eligibility only and does not guarantee a scholarship. The high demand and limited funds available for scholarships forces us to adhere to these guidelines. If you exceed these household income guidelines, please do not apply for a scholarship.

Income verification requires the last two pay stubs.

You must also submit a letter from your doctor documenting health status.

IMPORTANT

Submitting an application for a scholarship does not register you for the course. When a scholarship has been awarded we will register you and send you a letter of confirmation. Once you have received your letter, you will have two weeks to call and confirm your intention to attend the course, and pay any outstanding balance.

Again, thank you for your interest. Your request is important to us and will be carefully considered. You will be notified by mail of the status of your application. We ask that you do not call unless the full six weeks processing time has elapsed. Thank you for your patience.

Sincerely,

Omega Institute Scholarship Program

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You must submit a letter from your doctor documenting health status.

All questions (including essay) must be completed for this application to be valid.
Please write clearly.

Applicant Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (AM) _____ (PM) _____

Email: _____

Occupation: _____ Employer: _____

Gender: (Optional) Female Male

Age: (Optional) 18-25 26-34 35-45 46-59 60-69 70 and over

Ethnicity: (Optional) American Indian/Alaska native Hispanic/Latino
 Asian/Pacific Islander White/Caucasian
 Black/African American Multi-ethnic
 Other, please specify _____

If children will be accompanying you, please list their name(s) and age(s):

Name: _____ Date of Birth _____

Name: _____ Date of Birth _____

Name: _____ Date of Birth _____

Income verification requires the last two pay stubs or documentation of income

Household Size To be eligible for a scholarship your maximum
household income cannot exceed

1	\$27,075
2	\$36,425
3	\$45,775
4	\$55,125
5	\$64,475

Total Household Gross Annual Income as reported on most recent tax forms: \$ _____

Total number of people in household (as shown on tax forms): _____

Course Selection:

Which course are you applying for?

Course #: _____ Title/Faculty: _____

Dates: _____ Tuition Cost: \$ _____ Material Fee: \$ _____ (If applicable)

Please note: Only one scholarship per applicant will be awarded (pending eligibility and availability of funding).

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Accommodations:

If you would like a DORM and are able to bring your own sleeping bag, please check here _____

If you are able to provide your own tent and/or sleeping bag, please check here _____

If you will be commuting and will be staying off campus, please check here _____

Special Needs:

If you have any special needs, please describe: _____

Personal Essay:

The determining factors in awarding scholarships take into account the financial need, personal desire and/or professional commitment of each applicant. If you have met the income eligibility criteria, please take the time to briefly describe why you should be considered for an Omega scholarship. **Please write legibly.**

I certify that all of the above information is true and correct and that all income is reported. I understand that this information will be kept strictly confidential and is only used in determining scholarship eligibility.

Signature: _____ Date: _____

Return this form to: Omega Institute – Scholarship Program
150 Lake Drive
Rhinebeck, NY 12572

Email: scholarships@eomega.org **Fax:** 845.266.3769

**If you have any questions or require additional information,
please call: 845.266.4444, ext. 180**