



# OMEGA

Rhinebeck, New York

## 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](http://ubcf.info) or Omega's website at [eOmega.org](http://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. **Scholarship forms received fewer than four weeks before the course begins will not be considered.**

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,

The United Breast Cancer Foundation and The 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](mailto:scholarships@eomega.org) **Fax:** 845-266-3769

**If you have any questions or require additional information,  
please call: 845-266-4444 ext. 180**