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**United Breast Cancer Foundation & Omega Institute
2009 Scholarship Program
Rhinebeck Campus**

Dear Scholarship Applicant,

Thank you for your interest in attending an Omega workshop sponsored by the United Breast Cancer Foundation (UBCF). Enclosed you will find the 2009 scholarship application for Omega programs at our campus in Rhinebeck, NY. **Please take the time to thoroughly read this information before filling out your application.**

UBCF is committed to helping people with limited finances and special needs attend Omega's programs. Thanks to the generous support we receive from donors, we are able to award a limited number of partial and full scholarships to qualified applicants.

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. You must be a current breast cancer patient or within 5 years of remission.

Scholarship Determination:

If you meet the income eligibility criteria, your application will be further evaluated based on personal need and/or professional commitment. Scholarships will be awarded at a level of 25%, 50%, 75% or 100% of the total cost (tuition, housing, meals, and material fees) of attending a workshop. Preference is given to individuals who have not previously received a scholarship in the past 2 years. Please complete the enclosed application, brief personal essay, a letter from your doctor documenting health status and 2 current pay stubs or IRS W2. Scholarships are evaluated and awarded in the order received. Funding is limited so apply early and be sure to allow six weeks for processing. Only one scholarship per applicant will be awarded for the 2007 Rhinebeck campus programs.

IMPORTANT

Submitting an application for a scholarship does not register you for the course. Scholarship forms received less 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. Please be sure to include your Dr. letter and 2 current pay stubs or IRS W2.

Again, thank you for the interest you have shown. 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 & Omega Institute

UNITED BREAST CANCER FOUNDATION & OMEGA INSTITUTE SCHOLARSHIP APPLICATION
2009 Rhinebeck Campus Programs

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). UBCF can only provide funds to applicant.

Name: _____ Date of Birth _____

Name: _____ Date of Birth _____

Name: _____ Date of Birth _____

Household Income Eligibility:

<u>Household Size</u>	<u>To be eligible for a scholarship your maximum household income cannot exceed</u>
1	\$24,500
2	\$33,000
3	\$41,500
4	\$50,000
5	\$58,500

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).

