



**Omega Institute
2009 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 at the UBCF web site www.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. 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.

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,

Omega Institute Scholarship Program

OMEGA INSTITUTE SCHOLARSHIP APPLICATION

2009 UBCF Rhinebeck Campus Programs

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

<u>Household Size</u>	<u>To be eligible for a scholarship your maximum household income cannot exceed</u>
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).

Housing:

