

OMEGA

Rhinebeck, New York

2012 VETERANS RETREAT SCHOLARSHIP APPLICATION

Workshop: The Costs of War, Violence & Denial: A Retreat for Veterans with PTSD

(Open to veterans, their families, and friends.)

Faculty: Claude Anshin Thomas

Course #: 0404-906

Dates: April 18-22, 2012

Please Note: This program is not a substitute for any counseling or treatment in which you may be involved. Submitting an application for a scholarship does not register you for the course. Once your application is received, we will contact you. Applicants will be registered in the order in which their application is received. Priority is given to veterans and their family members.

Applicant Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (AM): _____ Phone (PM): _____

Phone (cell): _____ Fax: _____

Email: _____ Website: _____

___ Veterans Scholarships: While funds are available, this program is being underwritten to participants in the amount equal to 90% of tuition, accommodations, and meals, with the participant responsible for only \$100 per person for BDBL or Dorm Housing.

Optional Information:

Gender: ___ Female ___ Male

In what branch of the Armed Services did you serve? _____

If you took part in armed conflict, when and where were your tours of duty? _____

Accommodations

Please Note: Omega's campus is drug and alcohol free.

___ I would like to reside on campus during the program.

___ I do not need accommodations.

___ A family member will be attending the program with me.

If a family member is attending the program:

Name: _____
Relationship to me: _____
Address (if different from yours): _____
City: _____ State: _____ Zip: _____
Phone (AM): _____ Phone (PM): _____

Special Needs

___ Check here if you have any disability that affects your attendance at the event so that we may better accommodate you. Our special needs coordinator will contact you.

Other special needs (specify): _____

Transportation

The following Omega Transportation Services are included in the scholarship, if needed.

Please check the Omega service you would like to use, if any:

- ___ Omega Rhinebeck/Rhinecliff shuttle bus to and from Rhinecliff train station.
 - ___ If needed, Omega can reimburse your travel expenses up to \$100 (please provide documentation of expenses for each traveler).
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Signature: _____ **Date:** _____

Fax completed application to: 845.266.3769 or email it to ErinL@eOmega.org.

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