



**Omega Institute  
2008 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 will be offered for weekend programs, covering tuition and room and board. Potential candidates can download an application at the UBCF web site [www.ubcf.info](http://www.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 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  
2008 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	\$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).

