

OMEGA

Rhinebeck, New York

2009 VETERANS SCHOLARSHIP APPLICATION

Workshop: The Cost of War, Violence & Denial: A Veterans Retreat Open to Their Families & Friends

Faculty: Claude Anshin Thomas

Course #: 5604-680

Dates: October 21-25, 2009

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 10%.

___ The 10% participant co-pay can be waived under extenuating circumstances. check here for consideration.

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
- The program is not a substitute for any counseling or treatment in which you may be involved

___ 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): _____

If children will be accompanying you and utilizing the Children's Program (ages 4-12), please list them below:

Name: _____ Date of Birth: _____
Name: _____ Date of Birth: _____
Name: _____ Date of Birth: _____

Transportation

The following Omega transportation options are included in the scholarship, if needed.

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

- ___ Omega shuttle bus to and from Rhinecliff train station.
- ___ If needed, Omega can reimburse your travel expenses up to \$100 (please provide documentation of expenses.)

Please understand that 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.

Signature: _____ **Date:** _____

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

If you have any questions or require additional information, please call
845.266.4444, Ext. 134.