

# OMEGA

Rhinebeck, New York

## 2010 VETERANS SCHOLARSHIP APPLICATION

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

**Faculty:** Claude Anshin Thomas

**Course #:** 0404-217

**Dates:** April 21–25, 2010

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### 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.

\_\_\_ The participant co-pay can be waived under extenuating circumstances. Check here if a waiver is requested.

### 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?

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### 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): \_\_\_\_\_

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**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): \_\_\_\_\_

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***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: \_\_\_\_\_

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**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).

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.

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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. 120.