Financial Assistance Application

Dear Parent/Guardian:



Thank you for your interest in Omega Teen Camp. Enclosed you will find the 2014 Financial Assistance Application for the Omega Teen Camp program in Holmes, NY.

Please take the time to thoroughly read this information with your teen before filling out your application.

<u>Eligibility:</u>

Omega is committed to helping people with limited finances attend its programs. Eligibility for financial assistance is primarily determined by your family's gross annual income. Your application will be further evaluated based on your personal statements. Please complete the enclosed application and brief personal statements.

<u>*Important*</u>

Submitting an application for financial assistance does not register you for the program. You must call Omega Registration Department at 800.944.1001 to reserve your space in our Teen Camp program. You will be responsible for paying any outstanding balance that is not covered by the amount of assistance offered to you.

Again, thank you for the interest you have shown. Your request is important to us and will be carefully considered. *The financial aid committee meets once a month beginning in late April and we will notify you by phone or email with our decision*. Thank you for your patience.

Sincerely,

Omega Institute Financial Assistance Program





2014 Omega Teen Camp Financial Assistance Application

Applicant Information (please print legibly. If we cannot read your application, it will be declined):

Name of Teen:	Age:	DOB://
Name of Parent/Guardian:		
Address:		
City:	State:	_ Zip:
Parent Phone (a.m.)(p.m.)	(cell)	
Parent Email:		
Occupation:	Employer:	
Teen's Gender:FemaleMale		
Income Eligibility:		
Total Household Annual Income as reported on most recent tax for	ms: <u>\$</u>	
Total number of people in household (as shown on tax forms):		
<u>Course Selection</u> : Which session are you applying for? Please c	heck one:	
Session A; 2 weeks: July 13–July 26	Session D; 4 weeks: July 13–August 9	
Session B; 2 weeks: July 27–August 9	Session E; 5 weeks: July 13–August 16	
Session C; 1 week: August 10–16	Session F; 3 weeks: J	uly 27–August 16
<u>Special Needs:</u>		
If you have any special needs, please describe:		

Request for Assistance (to be completed by parent/guardian):

Please share with us your reasons for requesting financial assistance. Please print clearly.

Personal Statement (to be completed by Teen Applicant):

Another determining factor in awarding financial assistance is the personal statement of the teen who will be attending. In the space provided below, please explain why you would like to attend this program. What are your interests? What are you excited to learn?

I certify that all of the above information is true and correct and that all income is reported. I understand that this information will be kept strictly confidential and is only used in determining scholarship eligibility.

ignature of Teen Applicant		Date
Signature of Parent/Gu	uardian	Date
Return this form to:	Omega Institute Omega Teen Camp Financial Assistance Program 150 Lake Drive Rhinebeck, NY 12572	
	Email: registration@eomega.org	Fax: 845.266.3769
lf you	have any questions or require additional in	nformation, please call: 800.944.1001