

OMEGA

Rhinebeck, New York

2014 Veterans Retreat Scholarship Application
The Costs of War, Violence, and Denial
With Claude Anshin Thomas
April 16-20, 2014
Course Number 0404-765

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. We will contact you within 48 hours of receipt of your application to let you know it's been received and to let you know when decisions will be made. Applications will be evaluated in the order in which they are received. Priority is given to veterans.

Applicant Information (please print clearly):

Name: _____

Address : _____

City: _____ State: _____ ZIP: _____

Phone (a.m.) _____ Phone (p.m.) _____

Phone (Cell) _____ Email : _____

Gender: _____ Male _____ Female

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

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

Veterans Scholarship funds are limited; this program is being underwritten to veteran participants in the amount equal to 90% of tuition, accommodations, and meals. The veteran participant is responsible for 10%. This amounts to only \$100 per person if coming with someone and sharing a room in BDBL housing, or \$93 if coming alone and staying in Dorm housing.

Accommodations:

_____ I would like to reside on campus during the program
_____ I do not need accommodations. I will pay 10% of the commuter fee and program costs at \$53 per person.
_____ A family member will be attending the program with me.

If a family member is attending the program please provide information here:

Name of family member: _____
Relationship to me: _____
Address (if different from yours) _____
City: _____ State: _____ Zip: _____
Phone number: _____ Email: _____

Special Needs:

_____ Omega’s campus is very hilly. Please check here if you have any disability that affects your attendance at this event so that we may better accommodate you. You will be contacted by our special needs coordinator.

Please specify your disability or special need:

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 to and from the Rhinecliff Train Station

_____ If needed, Omega can reimburse your travel expenses up to \$100 per person upon providing documentation of expenses for each traveler.

Signature: _____ Date: _____

Fax completed application to: 845.266.3769 or email to scholarships@eomega.org

Or mail to: Omega Institute
150 Lake Drive
Rhinebeck, NY 12572
Attn: Scholarships