

The Optimum Health Institute

Scholarship Application

Optimum Health Institute has been provided funds for scholarships for a few selected individuals who cannot afford, but are in need of the program offered at Optimum Health Institute. The term of this scholarship is for one week. General guidelines of the scholarship are as follows:

1. Before a candidate will be considered for a scholarship, **ALL 3 ITEMS MUST BE SUBMITTED** and approved two weeks prior to arrival (**NO EXCEPTIONS**):
 - a. **Scholarship Application Form:** The application must be submitted and approved **two weeks prior** to the reservation being made.
 - b. **Proof of Financial Hardship:** (if applicable; one or more of the following)
 - 1040 Tax Return
 - State Disability
 - Unemployment
 - SSI Form
 - Medicare
 - c. **Physician's Letter:** A letter from your licensed physician regarding **diagnosis and prognosis** of your "**life-threatening**" health opportunity (no exceptions). This must be submitted on letterhead, which includes the physician's license number, and clearly specify that your health opportunity is "life-threatening".
2. **The first week must be paid for by the guest and be in a shared room.** This is done to ensure that the program at OHI is right for you.
3. Persons awarded a scholarship will have tuition paid for the second week of the program in a **shared room**.
4. Scholarship recipients must attend all the classes during their stay. Failure to do so will result in forfeiture of the scholarship.
5. The scholarship may only be used in **consecutive weeks**, meaning that you would complete your first week and the scholarship would pay for you to complete the second week of the program in the very next week. Once here at OHI, you may **re-apply** for an additional scholarship to continue for a 3rd week of the program by meeting with Executive Director during your 1st or 2nd week.
6. Persons that have previously completed 3 full weeks at OHI are not eligible for scholarship.
7. If you are selected as a scholarship recipient, you agree to provide a letter to the Scholarship Coordinator/Program Director regarding your experience at OHI prior to leaving the campus.

Name _____ Date _____

Address _____

Email Address: _____

Home phone _____ Cell phone _____

