

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. The applicant must complete and submit two weeks prior to arrival (no exceptions):

- a. Scholarship Application Form
- b. Proof of financial hardship.
- c. A letter from your licensed physician regarding **diagnosis and prognosis** of your **“life-threatening”** health opportunity. This must be submitted on letterhead, include the physician’s license number, and clearly specify that your health opportunity “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.
6. Persons that have previously completed 3 full weeks at OHI are not eligible for scholarship.

Name _____ Date _____

Address _____

Home phone _____ Cell phone _____

Emergency Contact Name: _____

Home phone: _____ Cell Phone: _____

Applicant’s household annual gross income: \$ _____

(Check one) _____ employed _____ on disability
_____ retired _____ unemployed

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Scheduled date of arrival to OHI: _____

Reason for applying for a scholarship _____

Expected results from participation in the OHI Program _____

I understand that the scholarships are awarded at the sole discretion of Optimum Health Institute and are subject to available funds. I understand that the receipt of a second or third week scholarship will depend upon the satisfactory completion of the previous week. I have read, understand, and agree to follow all of the guidelines outlined above. I affirm that all my declarations and submissions are truthful and honest.

Applicant Signature

Date