

University of Oregon MBSR Scholarship Application PDF Form

Overview and Instructions:

Thank you for your interest in a scholarship for University of Oregon's Mindfulness Based Stress Reduction (MBSR) noncredit courses. We wish you success as you pursue your health and wellness goals, and it is our intention that MBSR be available to all, regardless of financial circumstance.

Please review the eligibility requirements, review criteria, and recipient expectations below. **Please note that in order to have your application reviewed, you must also register for an MBSR class (simply click "pay at orientation" on the registration page).**

If, after reviewing these criteria and requirements, you wish to apply for one of our limited number of scholarships, please fill out the fields below and fax to 541-346-6166 or mail to UO Academic Extension, 1277 University of Oregon, Eugene, OR 97403.

Eligibility requirements: you must

- Reside in Oregon
- Demonstrate financial need
- Register for an MBSR course
- Be able to attend all MBSR sessions including the Day Long Retreat.

Review criteria:

Strength of personal statement, financial need and/or special circumstances, extra-curricular activities or community involvement, and/or professional and personal development, will be weighed in selecting scholarship recipients depending on the number of applicants per term.

Expectations of recipients:

- Remain in good standing with the program, attending all sessions and participate in home assignments; using this program to promote progress toward life goals.
- Participate in program evaluations for assessing the program and outcomes.

Submit this form at least two weeks prior to Orientation. You will be notified via e-mail following review of your application.

If you have any questions or concerns, please call 541-346-4231 or 800-824-2714, or e-mail mbsr@uoregon.edu.

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Name:

LCC/UO faculty, staff, or student; or PeaceHealth employee? (Y/N):

Address:

Daytime Telephone:

E-mail:

Age:

Term you are applying for:

Household Size Include yourself, any partner/spouse, children who receive more than half financial support from you, and other persons who live with you and receive more than half financial support from you.

Household MONTHLY Gross Taxable Income (before any deductions for taxes, social security, etc.)

Include income from employment, unemployment benefits, interest, dividends, and other sources. Include spouse's income, if any.

Household MONTHLY Untaxed Income. Include income from child support, social security, MFIP, general assistance, and all other sources.

What are your household monthly special expenses? (Includes medical/dental expenses not covered by insurance, child care while working, health and dental insurance premiums not paid by employer, child support paid to children not living in the household, repayment of educational loans.) Please list type and amount of each monthly expense.

Other considerations? Please explain any other factors relevant to your financial need.

Personal Statement:

Please briefly explain your interest in MBSR at this present time.

Certification

By submitting this application form, I certify that the information contained within this application, including attached materials, is correct to the best of my knowledge. I understand that misrepresentation or fraudulent information may be grounds for loss of scholarship and grant funds. I understand that if I am a recipient of a scholarship or grant, I must successfully complete the program covered by the award.

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