Dear OLLI Scholarship Applicant,

The Osher Lifelong Learning Institute believes that as many members as possible who are unable to afford to pay the annual dues should have the opportunity to take classes and to participate in the rich intellectual life of OLLI.

A limited number of scholarships will be available. Full scholarships will cover the $155 annual membership fee, including up to four learning groups for each of the five sessions, based on demonstrated need and availability of funds. Depending on the availability of scholarship funds, and the judgment of the scholarship committee, partial scholarships may also be awarded.

The Scholarship Committee consists of three members: one from administration; and two from council membership. The Scholarship Committee will meet as needed and as close as possible to the submission of your application. The Committee’s decisions are final.

Please complete the attached application and return it to Patricia Berlowe in the stamped and pre-addressed envelope marked “Confidential.” All information given to the committee will be held in the strictest confidence.

Sincerely,

Scholarship Committee
APPLICATION FOR OLLI SCHOLARSHIP

Date: ________________________________

Name: _________________________________________

Address: _________________________________________

_________________________________________

E Mail: _________________________________________

Phone: _________________________________________

Please list all your sources of income and amounts (includes gross wages, rental income, gross income from self-employment, public assistance, social security, unemployment compensation, alimony, pensions, veteran’s benefits, etc.):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Number of People in your household: ____

The information I have provided is complete: ________________________________

Your signature

If you were required to file a 1040 Tax Form, please attach the first two (2) pages of your most current Tax Form.

Please submit any additional documents, including Social Security Benefits statement, or other information which will help the committee to reach a decision regarding your application.

Thank you for your cooperation.