

Adamas School of Homeopathy Scholarship Information and Agreement Form

Kate Ormenyi Scholarship Fund

Purpose of the Scholarship: This scholarship is awarded based on demonstrated financial need to assist students with tuition costs. It provides partial funding toward the student's tuition for the current academic term. **No full scholarships are available.**

Eligibility Criteria:

1. **Financial Need:**
 - Applicants must submit a hardship letter detailing their financial need and any extenuating circumstances
 2. **Application Requirement:**
 - Only students who have applied and been accepted into the current and immediate academic program are eligible
 - Filled out the registration form
 - Filled out the application form
 - Paid the non-fundable registration fee of \$225
 - Scholarships cannot be reserved for future classes
 3. **Partial Funding Only:**
 - Scholarships are intended to offset a portion of tuition costs; no full scholarships will be granted.
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Awarding Process:

1. **Submission of Hardship Letter:**
 - Applicants must provide a detailed hardship letter explaining their financial challenges and the reasons for requesting assistance.
 2. **Scholarship Amount:**
 - Awards are determined on a case-by-case basis, depending on available funds and the financial need demonstrated.
 3. **Immediate Use of Funds:**
 - Scholarship funds must be applied immediately to the current academic term.
 - The funds will be deducted directly from your total tuition balance, and the remainder of your tuition will be divided according to the payment plan you have chosen.
 - Please note that the funds will not be held for future use and must be used within the current term.
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Tuition Payment Plan:

- The scholarship will be applied as a discount to the total tuition for the current term.
 - The remaining tuition balance will be applied after the scholarship.
 - Payment plans may vary based on the school's options and your agreement on the Registration form.
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Important Terms and Conditions:

1. **Non-Transferable:**
 - Scholarship funds must be used by the student who applied for them and cannot be transferred.
 2. **Immediate Use:**
 - Scholarship funds must be utilized for the current academic term and cannot be deferred to future terms, classes or academic years.
 3. **Partial Assistance:**
 - The scholarship is intended to provide partial assistance only; no full scholarships are available.
 4. **Verification:**
 - The school reserves the right to verify the information in the hardship letter or any submitted financial documents.
 - False information may result in scholarship revocation, and the student will be liable for full tuition.
 5. **Notification of Award:**
 - Applicants will be notified in writing regarding the outcome of their scholarship application.
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About the Kate Ormenyi Scholarship Fund:

This scholarship honors the life and legacy of the late Kate Ormenyi—homeopath, devoted wife, loving mother, cherished friend, inspiring teacher, and esteemed Dean of Academic Studies at the school. Kate dedicated her life's work to advancing homeopathy and nurturing the growth of aspiring homeopaths. Her passion, wisdom, and kindness left an indelible mark on everyone she touched and on the history of Adamas Homeopathic School (formerly the Los Angeles School of Homeopathy).

This scholarship, a tribute to Kate's unwavering commitment to education and healing, is made possible solely through the generosity of donations and proceeds from book sales. It stands as a testament to her vision and ensures her spirit continues to inspire future generations of homeopaths.

Acceptance of Scholarship:

By signing below, you acknowledge that you have read, understood, and agree to the terms outlined in this Scholarship Information and Agreement. You agree that the scholarship funds will be applied to your current tuition balance in accordance with your selected payment plan.

Student Information:

- **Student's Name:** _____
 - **Student's Signature:** _____
 - **Date:** _____
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For School Use Only:

- **Scholarship Award Amount:** _____
- **Tuition Payment Plan Details:** _____

Authorized School Representative:

- **Name:** _____
 - **Signature:** _____
 - **Date:** _____
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