



UNIVERSITY
OF THE
WEST

Golden Benefactor Awards

For University of the West Continuing Students

Application Form

Fall semester: _____, **Spring semester:** _____

Please type or print neatly using black ink. Illegible applications will not be processed.

Please return this form and all supporting documents to the Financial Aid Office.

Name

Last (Family Name) First Middle

Mailing Address

Street

City

State

Zip

Phone (_____) - _____ **Cell** (_____) - _____ **Email** _____
Area Code Area Code

Are you monastic? Yes No If yes, Dharma Name is _____

Program: Undergraduate Graduate Post-Graduate/Doctoral

Major/Area of concentration: _____

Anticipated Enrollment:

Undergraduate: 12+Units-Full Time 9-11Units-3/4 Time 6-8Units-1/2 Time <4-<than 1/2 Time

Graduate/Post Graduate: 9+ Units- Full Time 4.5-6 Units-1/2 Time <4-<than 1/2 Time

Expected date of graduation from University of the West:

Summer Fall Spring Year _____

Please provide the following with your application:

1. A 500-word essay describing your educational goals and student experiences at University of the West.

Here are some suggested topics:

- ❖ academic/career/life inspirations;
- ❖ importance of education;
- ❖ financial need;
- ❖ past achievement; and

any other information you would like to share with us. Please type and double-space.

2. Please complete the financial need analysis.

Please calculate the expected support for your educational expenses in US dollars:

Family/Relatives \$ _____

Friend: \$ _____

Grants: \$ _____ Explain: _____

Private Sponsor/Scholarship: \$ _____ Explain: _____

Your Income: \$ _____

Your Savings: \$ _____

Private Student Loan \$ _____ Lender: _____

Please explain any unforeseen financial situations which may affect your application:

Certification and Authorization Release

I certify that all information I have provided on this application is true to the best of my knowledge. I hereby authorize the release by the Office of Financial Aid of all information contained on my Scholarship Application, including my GPA, Autobiography, and Resume to any benefactor, to consider me as a scholarship recipient.

Student's Signature (required): _____ Date: _____

<input type="checkbox"/> Approved <input type="checkbox"/> Not-approved Semester <input type="checkbox"/> Fall <input type="checkbox"/> Spring Year: _____	For Office Use Only		GPA: _____
	Funds: _____	Amount: _____	
	Signature: _____	Date: _____	

Financial Aid Office (Room AD116) 1409 N. Walnut Grove Avenue, Rosemead, CA 91770
 Tel: 626.571.8811 ext 122, 138 Email: Financialaid@uwest.edu