



1409 Walnut Grove Avenue, Rosemead, CA 91770 Tel: 626.571.8811 Fax: 626.571.1413 www.uwest.edu

Application for Scholarships

F/A 402

Name: _____
Last (Family Name) First Middle

Status:
 U.S. Citizen Permanent Resident Other: _____ Social Security Number (Last 4 digits): _____
 International Student: Country of Origin: _____

Do you have a driver's license? No Yes, State: _____ Number: _____ Date of Birth: _____

Where do you plan to live while attending University of the West?
On campus: Single Double Triple Off campus: With parents/relatives On my own

Mailing Address: _____
No. Street Apt. City State Zip

Phone: _____ - _____ - _____ Email: _____

Program: Undergraduate Graduate - Master Graduate - Doctor

Major/Area of Concentration: _____

Academic Level: Undergraduate Program: First Year Second Year Third Year Fourth Year Fifth/Sixth Year
Graduate Program: First Year Second Year Third Year Fourth Year and Beyond

Apply Scholarships for (Semester, Year): Fall, _____ (year) Spring, _____ (year)

Scholarships Request (Read me first: Please read the policy and required documnets of the scholarship you'd like to apply at Scholarship Opportunities <https://www.uwest.edu/admissions-scholarships/>):

• Institutional Scholarships:

- Incoming Students: Lotus Scholarship Metta Scholarship Dream Scholarship
- Continuing Students: President's Scholarship Dean's Scholarship UWest Scholarship

• Private Scholarships:

- Incoming Student: AJ Wang Foundation Scholarship Fund IBEF Scholarship IBEF Monastic Fellowship
- Continuing Students: IBEF Research Grant GBA Benefactor Awards

By signing this document, I hereby certify the following:

1. I have read and understand all information provided to me in the document. I further certify that I have read the University of the West Financial Aid Handbook and understand my rights and responsibilities as a scholarship awardee.
2. I understand that any changes to the information that I have provided in this document may require a revision of my scholarship awards. I also understand that if there are any changes made after I have received my scholarship funds, I may be required to pay back part or all the funds received.
3. The answers and information that I have given in this document are true, complete, and correct to the best of my knowledge.

Student's signature: _____ Date: _____

It is the policy of University of the West, Rosemead, CA not to discriminate on the basis of sex, age, race, color, physical disability, sexual preference, and/or national and ethnic origin in its educational programs, student activities, employment or admission policies, in the administration of its scholarships and loan programs, or in any other school-administered programs. This policy complies with requirements of the Internal Revenue Service Procedure 321-1, Title VI of the Civil Rights Act, and Title IX of the 1972 Educational Amendments as amended and enforced by the Department of Health & Human Services.

University of the West is a private, nonprofit, non-sectarian university offering undergraduate, graduate, certificate, & continuing education programs, and has been accredited by the Western Association of Schools & Colleges since 2006.