



**INTERNATIONAL BUDDHIST
EDUCATION FOUNDATION**

3456 S. Glenmark Dr.,
Hacienda Heights, CA 91745

IBEF Scholarship/Fellowship Application Form (renewal)
IBEF 奖学金 / 奖助金申请表 (繼續)

- Please indicate the semester for which you apply 请注明申请学期:

Spring 春季 Fall 秋季 _____ (year 年)

- Please select 请注明申请项目:

IBEF Scholarship IBEF 奖学金 IBEF Monastic Fellowship IBEF 出家众奖助金

Tuition Fellowship : \$2,500 (Requirements: Applicants must be registered as full-time students—9 units or more each semester—and must explain the reason the additional \$2,500 is needed. **The \$2500 is applied to Tuition only**)

学费补助: \$2,500 (要求: 申请人须为全日制注册学生 (每学期 9 学分或以上), 并说明为何需要额外 \$2,500 补助。该金额仅可用于学费。)

a、 Name 姓名 _____ Student ID number 学号: _____

b、 Phone Number 电话 () _____ - _____ E-Mail 邮箱 _____

c、 Are you a monastic 您是否为出家众? Yes 是 No 否 Dharma Name 法名: _____

If yes, please provide the name of the order or lineage with which you are associated:

如为出家众, 请填写所属寺院、僧团或法脉名称:

d、 Please list number of times you have received IBEF funding in the past

您过去曾获得 IBEF 资助的次数: _____

e、 Current degree Program 目前就读学位项目 PhD DBMin MA MDiv Other 其他

f、 Current Academic Major and Area of Concentration 目前主修专业与研究 / 专长方向

g、 Expected Date of Graduation From University of the West 预计于西来大学毕业时间

Summer 夏季 Fall 秋季 Spring 春季 Year 年份 _____

The necessary application package for this scholarship may be requested from UWest. All required documentation must be submit above documents to graceh@uwest.edu before deadline.

本奖学金申请所需文件可向西来大学索取。所有申请材料须于截止日期前发送至：

graceh@uwest.edu。

Certification and Authorization Release 声明与授权

I certify that all information I have provided on this application is true to the best of my knowledge. I authorize the Office of the Registrar at University of the West to release transcripts, letters of recommendation, applications, and accompanying documents to scholarship donors and to publicize my scholarship award if I am a recipient. 本人谨此声明：本申请表中所提供的所有信息，据本人所知均真实无误。本人授权西来大学教务处可将本人的成绩单、推荐信、申请表及相关文件提供给奖学金捐赠方，并在本人获得奖学金时公布相关获奖信息。

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Signature 申请人签字 _____ Date 日期 _____