



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 Name _____ First Name _____ Middle _____

Status:

- ☐ U.S. Citizen ☐ Permanent Resident ☐ Other (Type/#): _____ SSN (Last 4 digits): _____
☐ International Student: Country of Origin: _____ 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: **Please read the policy of the scholarship(s) you'd like to apply for at Scholarship Opportunities**
<https://www.uwest.edu/admissions-scholarships>. You MUST submit all required documentation with this form.

- **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
 - ☐ J. Yang Family Foundation Scholarship
 - ☐ 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.