



**INTERNATIONAL BUDDHIST  
EDUCATION FOUNDATION**

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

***IBEF Scholarship Application Form***

- Please indicate the semester for which you apply: ☐ Spring ☐ Fall \_\_\_\_\_ (year)

a 、 Name \_\_\_\_\_ Student ID number: \_\_\_\_\_  
First Middle Last

- b 、 Mailing address ☐ Check here if address has changed in UWest registrar record

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

c 、 Phone Number (\_\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ E-Mail \_\_\_\_\_

d 、 Gender: ☐ Male ☐ Female Date of Birth: \_\_\_\_\_ (MM/DD/YYYY)

e 、 Are you a monastic? ☐ Yes ☐ No Dharma Name: \_\_\_\_\_  
If yes, please provide the name of the order or lineage with which you are associated:

f 、 Please list number of times you have received IBEF funding in the past: \_\_\_\_\_

g 、 Citizenship ☐ U.S. Citizen /Permanent Resident ☐ F-1 Visa Student  
☐ R-1 Visa Student ☐ Other, Specify \_\_\_\_\_

h 、 Current degree Program ☐ PhD ☐ DBMin ☐ MA ☐ MDiv ☐ Other

i 、 Current Academic Major and Area of Concentration \_\_\_\_\_

j 、 Educational Background: Print the names and locations of all high schools, colleges, and universities attended. Begin with the last institution attended.

Names of Institutions	Location (City, state, and country, if not in U.S.)	Dates of Attendance		Degrees and Dates of Conferred or expected Degree
		From	To	

k 、 Career Objective \_\_\_\_\_

**l 、 Expected Date of Graduation From University of the West**

☐ Summer    ☐ Fall    ☐ Spring    Year \_\_\_\_\_

**m 、 Extracurricular Involvement:** Include memberships, offices, and activities from high school, college, and community and volunteer organizations. Use an additional sheet if necessary.

**1. High School** \_\_\_\_\_

\_\_\_\_\_

**2. College** \_\_\_\_\_

\_\_\_\_\_

**3. Community/Volunteer** \_\_\_\_\_

\_\_\_\_\_

**n 、 Honors and Awards:** Include special awards, prizes, scholarships, and recognition. List the school or organization that granted the award. Add additional sheets if necessary.

\_\_\_\_\_

\_\_\_\_\_

**o 、 Employment History:** Include job information for your past three jobs.

*List the most recent job first.*

Name of Firm	City, State	Dates Employed	Your Duties

The necessary application package for this scholarship may be requested from UWest. All required documentation must be delivered in person or by mail. No Facsimiles or e-mails will be accepted. Please mail or send the application and supporting documents together in one large sealed envelope to:

Atten: IBEF Scholarship/Fellowship  
University of the West  
1409 Walnut Grove Ave., Rosemead, CA 91770

### Certification and Authorization Release

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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Revised: 06/10/2019