

# 恩福神學生獎學金 申請表

Name (Chinese) \_\_\_\_\_ (English) \_\_\_\_\_

Address \_\_\_\_\_

e-mail \_\_\_\_\_ Tel \_\_\_\_\_

Date of Birth \_\_\_(m)/ \_\_\_(d)/ \_\_\_(y) Sex \_\_\_\_\_

Citizenship (國籍) \_\_\_\_\_ Place of Birth (籍貫) \_\_\_\_\_

Status (身份) : \_\_\_Citizen (美國公民) \_\_\_PR \_\_\_F1 Other \_\_\_\_\_

Name of the School : \_\_\_\_\_

Degree Pursuing : \_\_\_M.Div. \_\_\_M.A. \_\_\_Ph.D. Other \_\_\_\_\_

Enrollment : \_\_\_\_\_(year)\_\_\_\_\_(month)

Planning Time of Graduation : \_\_\_\_\_(year)\_\_\_\_\_(month)

## 一、個人狀況

1. 請介紹你的家人：父母、配偶、子女

關係	姓名	出生年	現居地
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. 你家人對基督信仰的態度如何？

3. 你家人對你進修的決定態度如何？在經費上是否會給予支持？

4. 你目前的工作或學習單位為何？從何時到該單位？離開時有無義務？
  
5. 請簡單介紹你的教會。你和教會的關係如何？
  
  
  
  
  
6. 你的身體狀況如何？有無已知的病症？

## 二、經費狀況

1. 你求學的經費來源有哪些？以下請以美金計算：  
自己的儲蓄\_\_\_\_\_
  - 家人的支持\_\_\_\_\_
  - 學校的獎學金\_\_\_\_\_
  - 其他獎學金（請註明）\_\_\_\_\_
  - 教會的支持\_\_\_\_\_
  - 個人的支持\_\_\_\_\_
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2. 若有其他獎學金、教會或個人的支持，對他們有何義務？
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3. 你全年的需要大致如何？

項目	金額
1) 學費	\$ _____
2) 書籍費	\$ _____
3) 房租	\$ _____
4) 伙食費	\$ _____
5) 雜支	\$ _____
<b>總額</b>	<b>\$ _____</b>

4. 你每個月預計有哪些收入？

- |         |          |
|---------|----------|
| 1) 家人   | \$ _____ |
| 2) 打工   | \$ _____ |
| 3) 教會奉獻 | \$ _____ |
| 4) 個人奉獻 | \$ _____ |
| 5) 獎學金  | \$ _____ |
| 6) 其他   | \$ _____ |

5. 你目前有哪些資產？（美金計算）present assets (in checking accounts, saving accounts, stocks, automobiles, property, etc.)

項目	金額
存款	\$ _____
車子	\$ _____
房產	\$ _____
股票	\$ _____

### 三、經歷與異象

1. 你對文化宣教的異象有什麼看法？
2. 你在文化宣教上曾有哪些參與？
3. 你畢業後將在哪些方面參與改變文化土壤的耕耘？

## 四、其他資料

請預備以下資料，隨申請表一同寄至恩福。

- 申請學校的資料，包括學歷、履歷、成績單、見證等
- 入學許可文件
- 中文的信主與蒙召見證
- 全家照片
- 個人成品，如：研究論文、發表過的文章、書籍、影音成品、新媒體作品

此外，請以下三類人士為你寫推薦函，並請他們直接寄至（或電郵）恩福。

1) 牧者

姓名 \_\_\_\_\_ 教會 \_\_\_\_\_

2) 主管或工作的朋友

姓名 \_\_\_\_\_ 單位 \_\_\_\_\_

職稱 \_\_\_\_\_ 關係 \_\_\_\_\_

3) 朋友

姓名 \_\_\_\_\_ 單位 \_\_\_\_\_

職稱 \_\_\_\_\_ 關係 \_\_\_\_\_

簽名 \_\_\_\_\_ 日期 \_\_\_\_\_

請發至本會電郵：[enfu1994@gmail.com](mailto:enfu1994@gmail.com)

或寄至：

**Blessings Cultural Mission Fellowship**

**P. O. Box 18410, Irvine, CA 92623-8410, U.S.A.**

# RECOMMENDATION

## For the Applicant of Blessings Seminarian Scholarship

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**This Portion is to be completed by applicant**

Name of Applicant \_\_\_\_\_  
(English) (Chinese)

This recommendation is from a (check one):

- Pastor  Teacher  Professional acquaintance  
 Lay person  Employer  Other \_\_\_\_\_

**Note:** This form is to be filled out by someone who is not a member of your immediate family.

*I waive my right to examine this form.*

(Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

.....

(可用中文填寫)

1. How long have you known the applicant? \_\_\_\_\_

How well?  Very well  Rather well  Casually  Not well

2. In view of your knowledge of the applicant, how do you assess his or her abilities and character in the following categories as compared to his or her peers?

Item	Not Observed	Weak	Fair	Average	Good	Outstanding
Intellectual ability						
Working with others						
Initiative						
Creativity and imagination						
Maturity						
Interpersonal skill						
Self-confidence						
Self-discipline						
Oral communication skill						
Writing skill						
Quality of work						

Item	Not Observed	Weak	Fair	Average	Good	Outstanding
Ability to analyze problems						
Ability to form solutions						
Leadership skills						
Motivation for study						
Potential for mass media ministry						

- Please provide us with a statement concerning the applicant's spiritual maturity, abilities, personality, character, and professional promise. Also include in your statement an assessment of his or her strengths and weaknesses.

3. Do you see this person as someone whom you would hire, have as your church staff member, or like to work with as a colleague? \_\_\_ Yes \_\_\_ No \_\_\_ Unsure  
Please comment:

4. We would appreciate your additional comments.

5. I recommend this applicant for the Seminarian Grants of the Blessings Foundation.  
 \_\_\_ Highly recommend  
 \_\_\_ Recommend  
 \_\_\_ Recommend with reservations  
 \_\_\_ Do not recommend

6. Your information:

Name \_\_\_\_\_

Position \_\_\_\_\_ Organization \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

(Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

Please email: [enfu1994@gmail.com](mailto:enfu1994@gmail.com). Or mail to: BCMF, P. O. Box 18410, Irvine, CA 92623-8410, U.S.A.