

Application to KARMA KAGYU STIFTUNG

please return to our office:

Herbert Giller (Vorstand)
Zum Buck 11
D-79809 Remetschwil
tel +49 (0)7755-939204 fax +49 (0)7755-939206



Please complete (add enclosures if any)

NUMBER of ENCLOSURES:

Applicant

- 5 Name:..... First name:.....
Date of birth: / / Birthplace:.....
Address:.....
City:..... Country:.....
Zip-code/postal-code:.....
10 Nationality:..... Marital status:.....
Profession:.....
College / University diploma:.....
Fax / Phone / E-mail:.....

Application

- 15 The applicant requests scholarship for the following purpose(s)
(tick one or more, give a description of your project as enclosure, if the category is not mentioned hereafter):
RETREAT: drubkhang trad. 3-year drubkhang laycenter individual monastic activities
active participation in a lay-center active participation in a monastic-center
20 STUDIES: at KIBI at another institute individual (to be specified) STUDIES of buddh. art
tibetain language ritual procedures ACTIVITIES as a teacher at KIBI as teacher at other buddh.
centers as teacher in the monasteries other purpose (to be specified)
The project starts on / / and ends / / open-ended
Details of institute, university, retreat center etc. + phone email and fax:
Name:..... E-mail:.....
25 Address:..... Phone:.....
City:..... Fax:.....
Country:.....
Who will be your principal teacher :.....
30 Your educational background, studies, retreats, etc.; please enclose supporting documents
secondary school college university
three-year-retreat fromto.....
other buddhist retreats fromto.....
KIBI studies from to

- 35 others please specify :.....
from to

Financial calculation: (as known on date of this application or as estimation, -all values in euro only -)

40 This budget is calculated for a month> for a year> other period>.....
Already received regular income+donations from other sources for the applied purpose (i.e. received on private accounts or somewhere else):
Expected are promised grants by sponsors (total sum):.....
Sum of already received funds:.....
Total cost of the entire project:.....

45 The applicant is applying for financial support by KKS amounting to: _____

Account details:(please ask your bank for their correct identification numbers and codes)

Account name if different from applicant:.....

50 Bank name::.....

IBAN:..... SWIFT-BIC:.....

ask your bank for as many details as possible. **Please attach a new RIB**

Statement

55 I confirm that the above statements are true and correct, and that I accept the condition that any scholarship provided by the Foundation may ONLY be used for the above-mentioned purposes. The applicant will provide evidence for his expenditures related to the applied purpose. Unused funds must be paid back to the Foundation. The Karma Kagyu Foundation is entitled to deduct 5% of specific funds for costs and fees.

60 Date: / / Place:.....

signature:

65

don't fill in below **don't fill in below**

For internal administration only: client number-KDNR: code

KKS -account no: _____

70 Acc.-code: _____ sub-code: _____

Date : / / processed by :....

Board's decision item-no:.....,date.....,year.....

genehmigt ausgeführt gebucht benachrichtigt abgelehnt Betrag _____

Unterlagen archiviert zurückgegeben

75 Vorstand: Herbert Giller (Geschäftsführer) , Astrid Schünemann, Susanne Mierwaldt

for all donations, payments and all purposes :

Postbank Frankfurt, Germany: BLZ 500 100 60

Konto 0424181609 ,

international payments only: BIC: PBNKDEFF

IBAN: DE84 5001 0060 0424 1816 09