YAYASAN BELIA BUDDHIST MALAYSIA 马来西亚佛教发展基金会
129, 1ST FLOOR, SEANG TEK ROAD, 10400 PENANG.
TEL : 04-228 7146 H/P : 019-418 7146
FAX : 04-229 0093 E-mail : ybbmhq@gmail.com

马来西亚护僧基金 MALAYSIAN SANGHA FUND

1. 赞助僧众医疗费用。To pay for the medical costs of monastics.
2. 提供奖助学金予就读的青年学僧。To provide scholarships or study grants to monastics.
3. 赞助举办提高僧青年素质之活动，包括邀请海外知名佛教僧众为大马僧众主持佛法及培训课程。To sponsor educational and spiritual programs , and invite renowned monastics from overseas to conduct religious programs that are beneficial to monastics.
4. 资助僧众教育所需之教材及教育器材。To provide monastics with study materials and logistics support as part of their educational needs.
5. 为在护僧基金受益下的僧众安排弘法或公开课程，推动佛教教育的发展。 To arrange monastics who had benefited from the Sangha Fund to conduct Dharma talks and workshops in the country.

护照型照片
Passport Size
Photograph

个人资料 Personal Details

姓名Name	（中）Chi		（英）Eng	
法号Buddhist Name	（中）Chi		（英）Eng	
出生日期 Date of Birth			性别 Gender	
身份证号码 I. C. No./ 护照号码 Passport No.			出家日期 Date of Monkhood	
剃度师 Spiritual Teacher		寺庙名称 Name of Temple		
住址 Resident Address			电话 Tel	
通讯地址 Correspondence Address			电话 Tel	

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教育背景 Educational Background

目前攻读之学府名称 Name of Institution			
地址 Address			
科系 Course		学年 Year	

佛教活动概况 Activities

1)
2)
3)
4)

学术概况 Qualification

1)	5)
2)	6)
3)	7)
4)	8)

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申请事项 Application Matters (请勾选Please tick)

	医疗费用 Medical costs

纲要 Guidelines

1. 此医药费提供予所有长期驻锡于马来西亚寺院并需要协助的僧伽。
   This medical claim is open to all needy residential Sangha members of temple in Malaysia.

2. 申请者必须由有关寺庙住持证明。
   Application must be endorsed by the Chief Abbot of the temple concerned.

3. 所申请之医药费每年不得超过马币五千令吉。款额由护僧基金决定。
   All medical claims must not exceed the total amount of RM5,000 (Ringgit Malaysia Five Thousand Only) per year. The amount approved shall be decided by the Sangha Fund.

4. 所有申请表格必须附上下列文件:-
   All application forms must be accompanied with copies of the following :-

   a. 出家证影印鉴定本。 Certified copy of Monk's Ordination Certificate.

   b. 依据所发出为期六个月内之医药单据正本。（若已依医药保单付费，不可申请。)
   Please attach the receipt in your application. Original medical bills within 6 months period according to the date issued. (The application is not applicable for payments made through the coverage by medical insurance policies.）

   c. 每一次之申请，申请者必须呈交乙张二寸半身照片。
   One non-returnable passport size photograph needed for every application.

   d. 所有申请者须亲自前来领取所申请之医药费。
   All applicants must come personally to claim their medical fees.

备注 Remark: 若申请者有特殊情况，而无法提供所需文件或不能符合以上要求，可联络秘书处进一步协商。If there are special circumstances that the applicant is unable to provide the required documents, or do not meet the above requirements, the applicant may contact the Secretariat for further communication.

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奖学金 Tertiary Education

纲要 Guidelines

1. 此项奖学金提供予所有驻锡于马来西亚寺院并欲前往海外学府或大学深造之僧伽。
   This grant is open to all residential Sangha members of temples in Malaysia admitted to study in an Institute / University overseas.

2. 所有申请者每年可获得不超过马币三千令吉之奖学金，直至毕业，唯需每年重新申请。
   The grant is maximum RM3,000 (Ringgit Malaysia Three Thousand Only) and is paid annually till the final year. Application is to be renewed annually.

3. 所有申请表格必须附上下列文件:-
   All application forms must be accompanied with copies of the following :-
   a. 学府或学院入学证明书 evidence of admittance to an Institute / University overseas
   b. 乙张二寸半身照片（恕不退还）one non-returnable passport size photograph
   c. 其他有关之证件 other relevant documents

教材及教育器材 Study Materials and Logistics Support
(请注明所需教材/器材 please state kind of support) :

教育课程/研讨会报名费 Registration Fees for Educational Courses/ Seminar
(请注明课程详情 please state the details) :

纲要 Guidelines

1. 所有申请者每年可获得不超过马币三千令吉。
   The grant is maximum RM3,000 (Ringgit Malaysia Three Thousand) for per year only.

2. 所有申请表格必须附上下列文件:-
   All application forms must be accompanied with copies of the following :-

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a. 出示参与项目相关文件 document showing details of the project.
b. 乙张二寸半身照片（恕不退还）one non-returnable passport size photograph
c. 其他有关之证件 other relevant documents

行政 Administration

若此申请批准，敬请依据以下指示支付:-
If approved, kindly furnish us the following:-

Please tick 请勾选 (✓)

☐ 现款 Cash ☐ 支票 Cheque

银行及户口号码 Bank & A/C No. : _____

户口名称 Name of Payee : _____

欲申请之款项 Amount to be claimed:_____

_____
申请者签名及寺庙印章
Signature of Applicant & Temple Chop

请将申请表格及其他文件等寄交马来西亚佛教发展基金会之马来西亚护僧基金:
Send all these documents to Yayasan Belia Buddhist Malaysia Malaysian Sangha Fund at:
129, 1st Floor, Seang Tek Road, 10400 Penang.