Kaohsiung City

Application Form for International Student Scholarships

**Application No.**

**(For official use only)**

高雄市國際學生獎學金申請書

# Instructions:

This application should be completed clearly, accurately and in full by the candidate. Each question must be answered to facilitate processing. If necessary, additional pages of the same size may be attached to provide further information.

本表請申請人詳實工整填寫，慎勿遺漏，以利配合作業，如有需要，申請人可自行以同款紙張加頁說明。

1. PERSONAL INFORMATION 個人基本資料

|  |  |  |
| --- | --- | --- |
| a.NAME 姓名 | Mr./Mrs./Ms.  Surname（Last name）姓  Given Name名（First Name） Middle Name | Please attach a photograph taken within the last 3 months.  最近三個月相片 |
| b. CONTACT INFORMATION  聯絡地址、電話、電郵 | Address:  Telephone:  E-mail: |
| c.. BIRTH PLACE出生地 | （請註明國家與城市）(Please specify city and country) | |
| d. NATIONALITY國籍 | P.S.: Holders of ROC passports are not eligible to apply. | |
| e. GENDER性別 | □Male 男　 □Female女 | |
| f. MARITAL STATUS婚姻 | □Single單身 □Married 已婚 | |
| g.DATE OF BIRTH生日 | (Day日／Month 月／Year 年): | |
| h. Have you received scholarships or aids from another government agency or government enterprise? 是否領受其他政府機關獎助學金 | □ 是 yes 獎學金名稱 Name of Scholarship：  □ 否 no | |

2. DEPARTMENT AND UNIVERSITY CURRENTLY IN ATTENDANCE現就讀之大學系所

|  |  |  |
| --- | --- | --- |
| INSTITUTION/ UNIVERSITY | DEPARTMENT | PERIOD OF STAY (Year/Month/Day) |
|  |  |  |

3. EDUCATIONAL BACKGROUND 教育背景

|  |  |  |  |
| --- | --- | --- | --- |
| Level 程度 | Name of Institution校名 | Location 地點 | Period of Study  修業年限 |
| Secondary  Education 中學 |  |  |  |
| Undergraduate  Level Education 大學 |  |  |  |
| Graduate  Level Education 研究所 |  |  |  |

4. Self-Introduction 簡介

|  |
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|  |

5. ATTACHED DOCUMENTATION檢附證件

□ One copy of transcript in Chinese中文成績單乙份(最近一學期在學成績單)

□ One copy of certificate of rank in class成績排名證明書乙份

□ Certificate of participation in cultural activities or social service activities

熱心參與文化交流或社會服務活動證明

□ other其他

6. DECLARATION

I declare that the information I have given in this application is complete and accurate to the best of my knowledge.

|  |
| --- |
| Applicant’s Signature Date  \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_ |