### Kaohsiung Medical University Scholarship Application Form for International Students

Academic Year:	

基本資料(General Informa	tion)
(3	,
姓名(Name):	性別(Gender): □ 男(M) □ 女(F)
國籍(Nationality):	護照號碼(Passport No.):
永久地址(Permanent address):	F D T C F S
/ / /	
聯絡地址(Current address) :	
/~/	1 23 4 5 22 7
聯絡電話(Phone number):( )	/Day
7.	/Night
電子郵件(E-mail):	
电丁野什(E-mail)·	<b>專真(Fax):( )</b>
目前是否有申請其他的獎學	金? (Are you current receiving or applying any other
□ 有 (Yes) 獎學金名稱(Name	scholarship?)
□ 为 (1cs) 关于亚元/(H(Name) □ 沒有 (No)	or scholarship)
在台聯絡人資料 (Contact Pe	reon in Taiwan)
姓名(Name):	關係(Relation to applicant):
聯絡電話(Phone number):( )	<u>住家(Home)</u>
( )	公司(Work)
聯絡地址(Postal address):	

### 最高學歷(Education History)

學校名稱 (Name of Institution)	在學期間 (Duration of Study)	學位 (Degree)	主修領域 (Major)
(Name of histitution)	(Duration of Study)	(Degree)	(Major)
	WID		

#### 社團活動(Extracurricular Activities)

包括校內和校外活動(Including in-campus and out-campus activities)

起迄年月 (Period)	活動名稱 (Description of Activity)	主辦機關 (Name of Institution)
12/8		1/15/
12/		/-/

# 工作經驗(Employment Background)

職稱	工作內容	起訖年月
(Position)	(Duties)	(Duration)

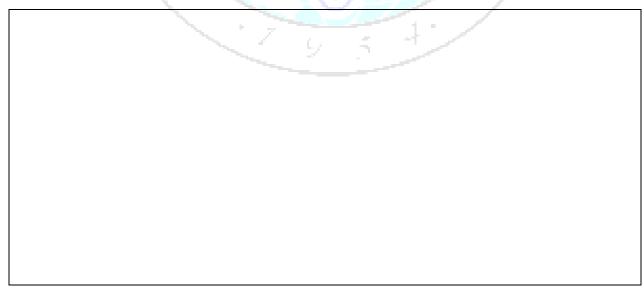
### 個人簡介(Personal Statement)

請簡單做個人自我介紹,內容以300個字為佳。

(A personal essay within 300 words)



## 其他特殊才藝或專長(Other Expertise)



#### 推薦人(References)

請寫出兩位推薦人的電話和姓名。

(Please give the names and telephone numbers of two References in Taiwan ,who have known you well, academically and /or personally, and will support your application.)

姓名(Name A):	關係(Relation to applicant):
電話(Phone number):( )	
姓名(Name B):	關係(Relation to applicant):
電話(Phone number):( )	<u>C12</u>
聲明(Declaration)	
以上所填資料均屬實	
I declare all the information provided in	this application are accurate.
申請人簽名(Applicant's Signature):	
日期(Date): / / /	
年(Year) 月(Month) 日(Dates)	
校方使用欄(For Office Use Only)	
申請者編號(Application no):	
收件日期(Date received):	
審查紀錄(Screening records):	

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Kaohsiung City
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