

教育部華語文獎學金申請表
Application Form for ROC (Taiwan) Ministry of Education
Huayu Enrichment Scholarship 2018-2019

Application for a 3 months 6 months 9 months summer session scholarship

Please note that the selecting committee might decide to allocate **shorter** scholarship periods than expected by the applicant. Please state which other duration you would accept: _____ / _____ months.

INSTRUCTIONS:

This application form should be typed and completed by the applicant. Each question must be answered clearly and completely. Detailed answers are required in order to make the most appropriate arrangements. If necessary, additional pages of the same size may be attached. 申請人請詳實工整填寫，慎勿遺漏，以利配合作業，如有需要，可自行以同款紙張加頁說明。

1. PERSONAL DATA 個人基本資料

a. NAME 姓名	Title 稱謂: Mr./Mrs./Ms. Surname (Last name) 姓: Given Name(s) 名: Chinese Name 中文姓名:	Please attach a photograph that has been taken within the last 3 months. 最近三個月相片
b. CITY and COUNTRY OF BIRTH 出生城市及國別		
c. NATIONALITY and PASSPORT 國籍及護照號碼	Nationality : Passport Nber : _____ Expiry date : _____ (dd/mm/yr) <i>*Note: If you are an overseas Chinese student, or hold a valid R.O.C. passport, you are not eligible to apply.</i>	
d. CONTACT INFORMATION 聯絡地址、電話、電子郵件	Permanent Address 永久地址 : Mailing Address (If different from above) 郵寄地址 : Telephone 電話 : _____ Cell phone: _____ E-mail 電子郵件 :	
e. SEX 性別	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	
f. MARITAL STATUS 婚姻狀況	<input type="checkbox"/> Single 單身 <input type="checkbox"/> Married 已婚	
g. DATE OF BIRTH 生日	(Day 日 / Month 月 / Year 年):	
h. PAST RESIDENCE in TAIWAN 曾否居住台灣	<input type="checkbox"/> Never 否; <input type="checkbox"/> Yes, from _____ to _____ ;是, 起迄日期; (dd/mm/yr) (dd/mm/yr) Reason for staying in Taiwan 居住事由:	

i. Taiwan Scholarship/ Huayu Enrichment Scholarship Award History 台灣獎學金/華 語文獎學金受獎紀錄	<input type="checkbox"/> None 無; <input type="checkbox"/> Yes, from _____ to _____ ;是, 起迄日期。 (dd/mm/yr) (dd/mm/yr) Type(s) of Scholarship Awarded:
j. HEALTH CONDITION 健康狀況	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair
k. ANY CHRONIC DISEASES 慢性病	<input type="checkbox"/> None 無 <input type="checkbox"/> Yes 有—Please specify 請指明:
l. CONTACT PERSON, IN CASE OF AN EMERGENCY 緊急事件聯絡人	Name 姓名: _____ Relationship 關係: _____ Address 地址: _____ Tel 電話: _____ E-mail 電子郵件: _____

2. LANGUAGE PROFICIENCY 語言能力

LANGUAGE PROFICIENCY 語言能力	COMPREHENSION 聽			READING 讀			WRITING 寫			SPEAKING 說		
	Excellent 優	Good 良	Fair 可	Excellent 優	Good 良	Fair 可	Excellent 優	Good 良	Fair 可	Excellent 優	Good 良	Fair 可
CHINESE												
ENGLISH												
Other (please state)												

3. EDUCATIONAL BACKGROUND 教育背景

Level 程度	Name of Institution 校名	Country/City 地點	Period of Enrollment 修業年限
Secondary Education 中學			
Undergraduate Level Education 大學			
Graduate Level Education 研究所			

7. LANGUAGE CENTER WHERE YOU PLAN TO ATTEND IN TAIWAN擬就讀之語文中心

From _____ to _____

8. 9 MONTHS SCHOLARSHIP APPLICANTS, please indicate:

TOCFL level passed : BAND

Year : _____ Test place : _____

Test Score : Listening : _____ Reading : _____

9. BRIEFLY STATE YOUR STUDY PLAN WHILE IN TAIWAN請簡述在台讀書計畫

10. DECLARATION:

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

Applicant's Signature	Date ____ / ____ / ____
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