2017年教育部華語文獎學金申請表

Huayu Enrichment Scholarship 2017 Application Form

姓名/Name:
聯絡電話/Contact No.:
電子郵件/E-mail.:
擬就讀之語文中心/
Language Center
收件日期/Date Received:

INSTRUCTIONS:

This application form **should be typed** in English or Chinese 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.

本表請申請人以英文或中文詳實工整填寫,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. CHECK LIST 文件一覽表

項目 *所有文件需按照順序排列 Please arrange the documents in following sequence	Applicant	For Office Use
獎學金申請表 Application Form		
護照影本 A copy of the applicant's passport		
最高學歷證明及成績單影本 A copy of the highest degree and academic transcripts		
已向華語文中心提出申請之證件影本 A photocopy of the applications to the Mandarin Language Center.		
其他經本處要求提供之證明表件(視情形需要) Additional documents as specified by the individual representative offices		
Remark:		

2. PERSONAL DATA 個人基本資料

Name	Surname (Last name) :			
姓名	Given Name(s) :	Please attach a photograph that has been taken within the		
	Chinese Name 中文姓名:			
City and Country of Birth		last 3 months. 最近三個月相片		
出生城市及國別	G*			
Nationality	Singapore 新加坡			
國籍	Permanent Address永久地址:			
Contact Information	Permanent Address永久地址·			
聯絡資訊				
	Mailing Address (If different from above)郵寄地址:			
	Tile I an office of the land o	F 14k •		
	Telephone電話: Cell phone 月	「機・		
	E-mail電子郵件:			
Gender				
性別	□ Male 男 □ Female 女			
Marital Status				
婚姻狀況	□ Single 單身 □ Married 已婚			
Date of Birth	(Day日/Month 月/Year 年):			
生日日期	(Day 4 / Wolldi A / Teal 4-).			
Past Residence in 9Taiwan	□Never 否 □Yes 是			
曾否居住臺灣	*If Yes, please specify; 若是,請註明:			
	From從 (dd/mm/yr) to至	(dd/mm/yr);		
	Reason for staying in Taiwan居住事由:			
Taiwan Sahalarahin/				
Taiwan Scholarship/ Huayu Enrichment	□None 無 □Yes 是			
Scholarship Award History	*If Yes, please specify; 若是,請註明:			
臺灣獎學金/華語文獎	From從 (dd/mm/yr) to至	(dd/mm/yr);		
學金受獎紀錄	Type(s) of Scholarship Awarded獎項名稱:			

Health Condition 健康狀況		□ Exc	ellent佳		Good好		Fair差					
Chronic Diseases 慢性病		□ None無 □ Yes有—Please specify請指明:										
Emergency Conta	ict	Name姓	:名:					Relati	ionship 陽	閣係:		
緊急事件聯絡人		Address	地址:									
		Tel電話: Cell phone 手機: E-mail 電子郵件:										
		L-man	色 1 五									
. LANGUAGE F	ROFI	CIENC	CY語言	能力			ı			1		
Language Proficiency	COMI	OMPREHENSION 聽			READING 讀		WRITING 寫		SPEAKING 說			
語言能力	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)												
. EDUCATIONA	AL BA	CKGR	OUNI) 教育	背景							
Level 程度	Name of Institution 校名					Со	Country/City 地點			eriod of Enrollment 修業年限		
Secondary Education 中學												
Undergraduate Level Education 大學												
Graduate Level Education 研究所												

Phone, E-Mail or Mailing Address

電話及郵電地址

5. REFERENCES 推薦單位 (人) 資料

Name

姓名

Position

職務

					
. PREVIOUS I	EMPI	LOYMENT 工作經歷	(Use one line for ea	ach position)	
		ompany/Organization 機構名稱	Period o Employme 服務期間	ent	Responsibilities 工作說明
			/4F6-4/4 / /4 ·	,	
]				
	<u> </u>				
]				
. PRESENT EI	MPL	OYMENT 現職狀況			
Company/					
Organization 機構名稱					
Position				From	
職稱				起始日期	
Contact Informa	tion	Address 地址:			
聯絡資訊					
		Tel 電話:	Cell phone:		Fax 電傳:
		E-mail 電子郵件:			
Type of organiza	ition	□ Govt. Ministry/ Agency 政府部門 □ University/ Institution			Iniversity/ Institution 大學校院
機構種類		☐ Govt./State-owned Enterpr	rise 公營企業	□ Loca	lly-owned Enterprise 私人企業
		□ Joint Venture 合資企業	☐ Foreign-owned	國際公司	□ NGO Enterprise 非政府機構
Present Duties & Years of Employment	;				
租任職務及咨縣	在限				

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

(For information about university-affiliated language centers in Taiwan, please visit the following website for reference: http://english.moe.gov.tw/ct.asp?xItem=14462&CtNode=11424&mp=1)

University-affiliated language center:					
BRIEFLY STATE YOUR STUDY PLAN WHILE IN TAIWAN 請	簡述在臺計畫				

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申請者簽名	Date日期:/