

Application Form for Ministry of Education Huayu Enrichment Scholarship

THIS APPLICATION FORM SHOULD BE TYPED ON A COMPUTER. PLEASE COMPLETE EACH SECTION CLEARLY AND IN DETAIL. IF SPACE IS INSUFFICIENT, YOU MAY ATTACH ADDITIONAL PAGES.

DURATION OF SCHOLARSHIP (Please check one)											Please attach a passport-style photograph taken within the last 6 months.					
<input type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> 9 Months <input type="checkbox"/> 1 Year (September 1, 2022 to August 31, 2023)					<input type="checkbox"/> Summer (June 1 to July 31, 2022) <input type="checkbox"/> Summer (July 1 to August 31, 2022)											
PERSONAL INFORMATION																
Legal Name Family / Last First / Given Full Middle Any Other Names Used <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.																
Chinese Name (if applicable)		Date of Birth mm/dd/yyyy / /		Place of Birth		Citizenship <input type="checkbox"/> Overseas Chinese student <input type="checkbox"/> Hold valid R.O.C. passport			Passport Number							
Current Mailing Address				Street/Suite		City/Town		Province		Postal Code		Until mm/dd/yyyy / /				
Permanent Mailing Address				Street/Suite		City/Town		Province		Postal Code						
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married		Phone Home: () - Work/Cell: () -				Email Address										
Past Residence in Taiwan mm/dd/yyyy mm/dd/yyyy <input type="checkbox"/> None <input type="checkbox"/> Yes From: / / to / / Reason for staying in Taiwan:					State of Health <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair											
Taiwan Scholarship/ Huayu Enrichment Scholarship (HES) Award History <input type="checkbox"/> None <input type="checkbox"/> Yes From: / / to / / Scholarship Awarded: <input type="checkbox"/> Taiwan Scholarship <input type="checkbox"/> HES					Chronic Illness <input type="checkbox"/> None <input type="checkbox"/> Yes Please specify:											
LANGUAGE PROFICIENCY																
Language	Comprehension			Reading			Writing			Speaking						
	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair				
Mandarin																
English																
Other (Please specify)																
Emergency Contact Information																
Name:				Relationship:												
Address:				E-Mail:												
Tel:																

EDUCATIONAL BACKGROUND (Please attach additional pages if necessary)				
Education Level	Name of Institution	Location	Dates Attended mm / yyyy	Name of Qualifications Granted
Secondary			/	<input type="checkbox"/> Incomplete
Post Secondary			/	<input type="checkbox"/> Incomplete
Other (Please Specify)			/	<input type="checkbox"/> Incomplete
PREVIOUS EMPLOYMENT (Attach additional pages if necessary)				
Name of Employer / Organization		Job Title		Employment Dates mm / yyyy mm / yyyy From: / to /
Responsibilities				
Name of Employer / Organization		Job Title		Employment Dates mm / yyyy mm / yyyy From: / to /
Responsibilities				
CURRENT EMPLOYMENT				
Name of Employer / Organization		Job Title		Employment Dates mm / yyyy mm / yyyy From: / to /
Address	Street/Suite	City/Town	Province	Postal Code
				Phone and Fax Phone: () - Fax: () -
Type of Employer / Organization				
<input type="checkbox"/> Government Ministry / Agency <input type="checkbox"/> Government / State-owned Enterprise <input type="checkbox"/> University Institution <input type="checkbox"/> Private enterprise <input type="checkbox"/> Joint Venture <input type="checkbox"/> NGO <input type="checkbox"/> Other (Please Specify)				
REFERENCES				
Name		Position		Organization
E-Mail or Mailing Address				Phone () -
Name		Position		Organization
E-Mail or Mailing Address				Phone () -

LENGTH OF INTENDED STUDY AND LANGUAGE CENTER

Study Period	<input type="checkbox"/> 2 months	<input type="checkbox"/> 3 months	<input type="checkbox"/> 6 months
	<input type="checkbox"/> 9 months	<input type="checkbox"/> 12 months	
	I plan to study Mandarin language courses from _____ until _____ (mm/yyyy).		
Language Center you plan to attend in Taiwan	University-affiliated language center:		

You may search for recognized Mandarin Language Centers in Taiwan at the link below:
https://ogme.edu.tw/Home/tw_school_list
Clicking “Search” without selecting any search parameters will bring up the complete list of MLCs. You may also select specific criteria to narrow your search results.

BRIEFLY DESCRIBE YOUR STUDY PLAN WHILE IN TAIWAN

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SURVEY

How did you learn about the HES Program?

- Instructor/teacher. Please specify his/her name and institution:
- Friend or classmate. Please specify his/her name:
- Website. Please provide the name and link:
- Other. Please specify:

CHECKLIST

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Application form |
| <input type="checkbox"/> | Photocopy of your passport information page(s) |
| <input type="checkbox"/> | Photocopy of your highest credential (degree/diploma) and transcripts |
| <input type="checkbox"/> | Photocopy of your application form to a Mandarin Language Center in Taiwan |
| <input type="checkbox"/> | Signed copy of Terms of Agreement |
| <input type="checkbox"/> | Two letters of recommendation |

APPLICANT'S CERTIFICATION

I hereby certify that the responses provided on the Huayu Enrichment Scholarship Application Form are complete and true to the best of my knowledge and belief. I understand that providing incomplete, incorrect, or false information may result in the denial or cancellation of the scholarship.

Date: _____ Signature: _____

Office Use Only:

Admission Decision: Comments:

END OF APPLICATION FORM