

Application Form for Ministry of Education Huayu Enrichment Scholarship

THIS APPLICATION FORM SHOULD BE TYPED, IF POSSIBLE, 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.

DURATION OF SCHOLARSHIP (Please circle one)											A passport-style (35×45mm) 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		<input type="checkbox"/> Summer (June 1 to July 31, 2019)		
(September 1, 2019 to August 31, 2020)																<input type="checkbox"/> Summer (July 1 to August 31, 2019)		
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)		Day of Birth mm/dd/yyyy / /		Place of Birth		Citizenship			Passport Number									
						<input type="checkbox"/> Overseas Chinese student												
						<input type="checkbox"/> Hold valid R.O.C. passport												
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		Phone				E-Mail Address												
<input type="checkbox"/> Single		Home: () -																
<input type="checkbox"/> Married		Work/Cell: () -																
Past Residence in Taiwan			mm/dd/yyyy		mm/dd/yyyy			State of Health										
<input type="checkbox"/> None			<input type="checkbox"/> Yes		From: / / to / /		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair											
Reason for staying in Taiwan:																		
Taiwan Scholarship/ Huayu Enrichment Scholarship (HES)							Chronic Illness											
Award History			mm/dd/yyyy		mm/dd/yyyy			<input type="checkbox"/> None										
<input type="checkbox"/> None			<input type="checkbox"/> Yes		From: / / to / /		<input type="checkbox"/> Yes											
Scholarship Awarded:			<input type="checkbox"/> Taiwan Scholarship		<input type="checkbox"/> HES			Please specify:										
Emergency Contact Information																		
Name:				Relationship:														
Address:																		
Tel:				E-Mail:														
LANGUAGE PROFICIENCY																		
Language	Comprehension			Reading			Writing			Speaking								
	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair						
Mandarin																		
English																		
Other (Please specify)																		

EDUCATION BACKGROUND (Please complete, attach additional sheet 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 sheet if necessary)				
Name of Employer / Organization		Last Job Title		Employment Dates mm / yyyy mm / yyyy From: / to /
Work Responsibilities				
Name of Employer / Organization		Last Job Title		Employment Dates mm / yyyy mm / yyyy From: / to /
Work Responsibilities				
PRESENT EMPLOYMENT				
Name of Employer / Organization		Last 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		Company
E-Mail or Mailing Address				Phone () -
Name		Position		Company
E-Mail or Mailing Address				Phone () -

STUDY TERM AND LANGUAGE CENTRE

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 ___(month), ___(year) to ___(month), (year).

LANGUAGE CENTER YOU PLAN TO ATTEND IN TAIWAN	University-affiliated language center:
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List of Mandarin Language Centers in Taiwan: <http://english.moe.gov.tw> (Webpage route: :Home > Study In Taiwan > Mandarin Chinese Learning Centers)

BRIEFLY STATE YOUR STUDY PLAN WHILE IN TAIWAN

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SURVEY

How did you learn about the HES Program?

- Teachers. Please specify his/her name:
- Friends or classmates. Please specify his/her name:
- Internet. Please offer the name and website.
- Others. Please specify:

CHECKLIST

- Application form
- Photocopy of your passport information page(s)
- Photocopy of the certificate of the highest credential (diploma) and original transcript
- Photocopy of the application form sent to Mandarin Language Centers in Taiwan
- Two letters of recommendation, if applicable
- Signed the "Terms of Agreement"

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 rescission or denial of my award.

Date: _____ Signature: _____

Office Use Only:

Admission Decision:

Comments:

END OF APPLICATION FORM