Application Form for Ministry of Education Taiwan 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.

r						
Current Mailing Address Street/Suite City/Town Province Postal Code Until mm/dd/yyyy / /						
Permanent Mailing Address Street/Suite City/Town Province Postal Code						
□ Single Home: () - □ Married Work/Cell: () -						
r						
Reason for staying in Taiwan:Chronic IllnessTaiwan Scholarship/ Huayu Enrichment Scholarship (HES)Chronic Illness						

LANGUAGE PROFICIENCY													
	Comprehension			Reading			Writing			Speaking			
A. Language	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair	
Mandarin													
English													
Other (Please specify)													
B. TOCFL Certificate	Test Level		Level 3 Level 4 Level 5 Level 6 None (I have applied to an English-taught program.) Note: Unless you are applying to an English-taught program, you should include a TOCFL certificate for Level 3 or above. If you do not have a TOCFL certificate, you will be required to take the test (at your own expense) and earn a Level 3 or above before the end of your first semester in Taiwan.										
Test Date (Day / Month / Year): EDUCATIONAL BACKGROUND (Please attach additional pages if necessary)													
Education Level Name of Institution Location Period of Enrolment G					GPA								
Secondary							mm / yyyy /						
Post-Secondary									/				
Other (Please Specify)						/							
Note: Please offer the GPA of your highest degree (diploma)													
PREVIOUS EMPLOYMENT (Please attach additional pages if necessary)													
Name of Employer / Organization			tion	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 Coc					
		Phone: () -				
		Fax: () -				
Type of Employer / Organization						
	Government / State-owned Enterpr					
 Private enterprise Joint Venture International Enterprise NGO Other (Please Specify) 						
Gener (riease specify)						
	REFERENCES					
Name	Position	Organization				
Email or Mailing Address		Phone				
		() -				
Name	Position	Organization				
		_				
Email or Mailing Address		Phone				
_		() -				
UNIVERS	ITY/PROGRAM OF STUDY IN TAIV	VAN				
University:						
Department:						
• If you have applied to multiple programs, please list each program.						
• If a program is English-taught,	 If a program is English-taught, please indicate. 					
• For a list of universities that help cover tuition and fees that remain following the NT\$40,000						
scholarship payment, please refer to Universities/Colleges Providing Tuition & Miscellaneous Expense						
Discounts for MOE Taiwan Scholarsh	ip Recipients 2022 Academic Year.					
STUDY PLAN IN 7	TAIWAN (Please attach additional page	s if necessary)				

CHECKLIST						
	Application form					
	Photocopy of your passport information page(s)					
	Authenticated or sealed copy of the highest degree and academic transcripts.					
	from the university acknowledging receipt of the application)					
	Two letters of recommendation, signed and in sealed envelops					
	Photocopy of your TOCFL certificate, if applicable					
	Signed copy of the Terms of Agreement					
	DECLARATION					
 I am not currently undertaking studies in Taiwan for the same level of degree as the one I intend to pursue as a scholarship recipient (e.g. I am not currently in a BA program in Taiwan and intend to study in another BA program in Taiwan); I am not applying for this scholarship as an exchange student through an agreement signed between my home institution and a university/college in Taiwan; The information I have provided on this application is complete and accurate to the best of my knowledge. 						
Date:	Signature:					
Office Use Admission	,					

END OF APPLICATION FORM