2020 年教育部華語文獎學金申請表 2020 Huayu Enrichment Scholarship Application Form

	姓名/Name:
	聯絡電話/Contact No.:
	電子郵件/E-mail.:
J	擬就讀之語文中心/ Language
l e	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。

(For information about university-affiliated language centers in Taiwan, please visit the following website for reference: https://english.moe.gov.tw/cp-23-17677-b4bb4-1.html)

1. CHECK LIST 文件一覽表

項目 *所有文件需接照順序排列 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	
	Chinese Name 中文姓名:	been taken within the last 3 months.	
City and Country of Birth		最近三個月相片	
出生城市及國別			
Nationality國籍	Singapore		

Contact Information 聯絡資訊	Permanent Address永久地址:			
	Mailing Address (If different from above)郵寄地址:			
Gender 性別	□ Male 男 □ Female 女			
Marital Status 婚姻狀況	□ Single 單身 □ Married 已婚			
Date of Birth 生日日期	(Day日/Month 月/Year 年):			
Past Residence in Taiwan	□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 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 學金受獎紀錄	From從 (dd/mm/yr) to至 (dd/mm/yr); Type(s) of Scholarship Awarded 獎項名稱:			
Health Condition 健康狀況	□ Excellent佳 □ Good好 □ Fair差			
Chronic Diseases	□ None無 □ Yes有-Please specify請指明:			
慢性病	□ None無 □ Yes有-Please specify請指明:			
Emergency Contact Name姓名: Relationship 關係: Details				
緊急事件聯絡人	Address地址:			
	Tel電話: Cell phone 手機:			
	E-mail 電子郵件:			

3. LANGUAGE PROFICIENCY語言能力

Language Proficiency	COMPREHENSION 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)												

4. 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			

5. REFERENCES 推薦單位 (人) 資料

Name 姓名	Position 職務	Phone, E-Mail or Mailing Address 電話及郵電地址

6. PREVIOUS EMPLOYMENT 工作經歷 (Use one line for each position)

Position 職務	Company/Organization 機構名稱	Period of Employment 服務期間	Responsibilities 工作說明

7. PRESENT EMPLOYMENT 現職狀況

Company/ Organization			
機構名稱			
Position		From	
職稱		起始日期	
Contact Information	Address 地址:		
聯絡資訊			
	Tel 電話: Cell phone	:	Fax 電傳:
	E-mail 電子郵件:		
Type of organization	□ Govt. Ministry/ Agency 政府部門	D 🗆	Jniversity/ Institution 大學校院
機構種類	□ Govt./State-owned Enterprise 公營企業	☐ Loca	ally-owned Enterprise 私人企業
	□ Joint Venture 合資企業 □ Foreign-owne	d 國際公司	□ NGO Enterprise 非政府機構
Present Duties & Years of Employment 現任職務及資歷年限			

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

 $(For\ information\ about\ university-affiliated\ language\ centers\ in\ Taiwan,\ please\ visit\ the\ following\ website\ for\ reference:\ https://english.moe.gov.tw/cp-23-17677-b4bb4-1.html)$

9. 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 applica my knowledge.	tion is complete and accurate to the best of
Applicant's Signature申請者簽名	Date日期:/