

東海大學僑生各項獎學金申請表

TUNGHAI UNIVERSITY OVERSEAS CHINESE STUDENT SCHOLARSHIP APPLICATION FROM

學號 Student ID		系級 Department		姓名 Name		
聯絡電話 Tel.		性別 Gender		國籍 Nationality		
教育部（或海外聯招會）分發日期文號 *必填 Admission Letter No *required						
現居地址/寢室號碼. Address /room No.		<input type="checkbox"/> 校內寢室號碼 Dorm No _____ <input type="checkbox"/> 校外地址 Address off Campus _____				
申請獎學金 (可複選) Scholarship Type (select one or more answer choices)		<input type="checkbox"/> 僑委會僑生學習扶助金： <input type="checkbox"/> 上學期(Spring) <input checked="" type="checkbox"/> 下學期(Fall) Overseas Students Learning Stipend <input type="checkbox"/> 東海大學僑生助學金： <input type="checkbox"/> 上學期(Spring) <input checked="" type="checkbox"/> 下學期(Fall) (限大學部) THU Overseas Students Stipend (Degree students ONLY)				
家屬 Family Members	稱謂 Title	存/歿 vital status	姓名 Name	年齡 Age	職業 Occupation	職稱 Position
本人經濟狀況 Financial situation		1. 打工 Part-time job： <input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No 2. 家人或伴侶在臺 Your parents or spouse are in Taiwan： <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No				
必要文件 Require documents		<input type="checkbox"/> 歷年成績單 Transcript for ALL semesters <input type="checkbox"/> 存摺影本 Passbook copy <input type="checkbox"/> 評分表 Score table (Page 2) <input type="checkbox"/> 清寒證明影本或當年度相關證明文件 Proof of low income or proof of financial difficulties.				
其他文件 (非必要)		<input type="checkbox"/> 擔任負責人或負責執行幹部證明 Certificate of Contribution as Representative/Executive Officer <input type="checkbox"/> 其他優良事蹟證明 Other Certificate/Proofs of Outstanding Performance				

註：以上資料均屬真實，若有虛報之處，本人願依規定撤銷資格並繳回助學金，絕無異議。

申請人簽名：

年 月 日

東海大學僑生各項獎學金評分表 (學生填寫)

Score table for overseas Chinese student scholarship

項 目 Item	項目說明 Description	得 分 (審查小組填寫) (Student DO NOT fill in)
1、 雙親現況? Are parents alive or deceased? (雙親健在及未離異者不需填寫)	<input type="checkbox"/> 父母雙亡 Parents both are deceased <input type="checkbox"/> 父亡或母亡 One of the parents is deceased <input type="checkbox"/> 父母離異 Parents divorced	
2、 身心障礙、重病或需長期治療與否? (需附當年度醫院證明) Any disability, serious disease, or need of long-term treatment? (Need to provide medical certificate)	<input type="checkbox"/> 本人身心障礙 Has disability personally <input type="checkbox"/> 同住家人重病須長期治療 Family member in the same household has serious disease in need of long-term treatment <input type="checkbox"/> 同住家人有殘障 Family member in the same household has disability	
3、 父母工作狀況? Parents' working state	<input type="checkbox"/> 全無工作 All unemployed <input type="checkbox"/> 打零工者 Part-time worker	
4、 本學期是否獲得其他獎助學金 (依金額給分) Being awarded other stipend or scholarship this semester	<input type="checkbox"/> 是 Yes, 獎學金名稱 Name of scholarship : _____ <input type="checkbox"/> 否 No	
5、 前一學期是否擔任社團負責人或負責執行幹部? (需檢附證明) Was one of club representatives or executive officers in last semester? (Need to provide certificate)	<input type="checkbox"/> 是 Yes, 社團名稱 : _____ 職稱 : _____ <input type="checkbox"/> 否 No	
6、 前一學年學業總平均如何? Total average of academic performance of last semester.	<input type="checkbox"/> GPA 3.39 以上 <input type="checkbox"/> GPA 2.93 至 3.38 <input type="checkbox"/> GPA 2.45 至 2.92 <input type="checkbox"/> GPA 1.96 至 2.44 <input type="checkbox"/> GPA 1.70 至 1.95	
7、 其他(熱心助人、積極參與公眾事務、家中人口眾多等) Others	由審查小組依事實考評	
8、 家庭突遭重大變故影響生計 (附當年度證明) Any serious occasion or special situation which suddenly affected family's livelihood. (Need to provide certificate)	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No	
總分	上述積分, 合計	分

The information given above is all true, and if there's any false report or against the regulation that were verified to be false or illegal, I am willing to obey accordingly to be disqualified without any objection.

Applicant Signature :

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