（表格1）

**社團法人台灣癲癇之友協會**

**114年「新光鋼添澄癲癇之友獎、助學金」**

**申請表**

申請編號： **申請種類： □獎學金 □助學金**

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| **學生姓名** | |  | | **性　別** | |  | | |
| **身份證字號** | |  | | **出生年月日** | |  | | |
| **家長姓名** | |  | | **聯絡電話** | |  | | |
| **地　址** | |  | | | | | | |
| **就讀學校** | |  | | **班　級** | |  | | |
| **導師姓名** | |  | | **就診醫院** | |  | | |
| **班導師推薦：** | | | | | | | | |
| **分數/等級：** 5分/優、 4分/良、 3分/平、 2分/差、 1分/劣 | | | | | | | | |
| **評分項目** | **疾病接受** | | **人際關係** | | **情緒控制** | | **學習態度** | **積極進取** |
| **導師評分** |  | |  | |  | |  |  |
| **班導師簽名：** | | | | | | | | |
| 請檢附以下資料：   1. □ 新光鋼添澄癲癇之友獎、助學金申請表，含班導師推薦（表格1） 2. □ 在校證明書（或註冊後之學生證影本） 3. □ 學校正式成績單：包含學業成績（若用影本，應加蓋教務處印章） 4. □ 自我記錄的癲癇日誌（請勿影印醫院病歷資料） 5. □ 醫師證明表：若無法提供證明，不予受理。（表格2） 6. □ 申請學生自傳表。（表格3） 7. □ 地方病友團體推薦函、或參加地方病友團體活動記錄（可加分） 8. □ 申請國小「助學金」者，請檢附鄉鎮市區公所開具低收入戶證明 | | | | | | | | |
| **申請『新光鋼添澄癲癇之友獎、助學金』評分說明：**  申請表、導師評分、在校證明書、成績單等項目**合計10分，**  癲癇日誌（服藥、看診紀錄、各項檢查、發作紀錄等說明）佔**50分，**  醫師證明表佔**10分，**自傳表佔**20分，**  團體推薦函或參加地方病友團體活動記錄**20分，**  低收入戶證明**10分，獎學金總分110分，助學金總分120分。** | | | | | | | | |
| **申請人簽名：** 中華民國 年 月 日 | | | | | | | | |

（表格2）

**社團法人台灣癲癇之友協會**

**114年「新光鋼添澄癲癇之友獎、助學金」**

**醫師證明表**

說明：評分方式分以下五個等級勾選

分數/等級： 5分/優、 4分/良、 3分/平、 2分/差、 1分/劣

**申請人：**

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| 評　分　項　目 | 分　數 | 備 註 |
| 1.對癲癇的認識程度 | □5 □4 □3 □2 □1 |  |
| 2.與醫護人員的治療配合度  （規律服藥與定期就醫） | □5 □4 □3 □2 □1 |  |
| 3.對癲癇所引起困擾的克服度 | □5 □4 □3 □2 □1 |  |
| 4.對癲癇的接受程度 | □5 □4 □3 □2 □1 |  |
| 5.參與癲癇病友活動 | □5 □4 □3 □2 □1 |  |

**就診醫院：**

**主治醫師簽章：**

中華民國 年 月 日

（表格3-1）

**社團法人台灣癲癇之友協會**

**114年「新光鋼添澄癲癇之友獎、助學金」**

**申請學生自傳表**

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| 內容以600字為限，描述「癲癇對我的意義是什麼、我如何與癲癇相處、為什麼我想申請這份獎助學金、將如何運用獎金、簡單描述家庭狀況」。若癲癇朋友年紀太小或表達能力有障礙（如特教班學生），可由家長或師長代為填寫。 | | | | | | | | | | | | | | | | | |
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（表格3-2）

**社團法人台灣癲癇之友協會**

**114年「****新光鋼添澄癲癇之友獎、助學金」**

**申請學生自傳表**

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