



附件三：外國學生校內獎學金申請表

申請入學年度：114 學年度秋季班

☐ 申請入學新生

請連同所有申請入學文件一併繳交至教務處。

基本資料

姓名：_____

性別： ☐ 男 ☐ 女

國籍：_____

聯絡電話： () _____

電子郵件：_____

通訊地址：_____

您所申請入學之學系/所別？

➤ 學系/所名稱：_____

➤ 學制： ☐ 學士班 ☐ 碩士班 ☐ 博士班

目前是否有申請其他獎學金？

☐ 是 （獎學金名稱）：_____

☐ 否



若您未申請到本校助學金，是否仍有意願至本校就讀？

☐ 是 ☐ 否

學歷背景

學校名稱	在學期間	學位	主修

課外活動或工作經驗

起迄時間	活動內容/工作職稱	主辦單位/任職機構

自傳

字數約 300 字以內



推薦人

Referee 1

姓名：_____ 關係：_____

職位：_____

電話：() _____

Referee 2

姓名：_____ 關係：_____

職位：_____

電話：() _____

聲明

上述所陳之任一事項同意授權貴校查證，如有不實或不符規定等情事，若於入學後經查證屬實者，本人願接受學校撤銷助學金資格，絕無異議。

申請人簽名：_____ 日期：_____/_____/_____
(月) (日) (年)

Office of Global Affairs
Kaohsiung Medical University
100, Shih-Chuan 1st Road, San Ming District,
Kaohsiung 807, Taiwan
Tel: +886-7-3121101 ext.2383



Appendix 3: KMU Scholarship Application Form for the INTENSE Programs

Academic Year: 2025 Fall Intake

☐ **Potential KMU student**

This scholarship application form must be submitted along with all application documents for admission to the Office of Academic Affairs.

General Information

Name: _____

Gender: ☐ Male ☐ Female

Nationality: _____

Phone number: () _____

E-mail: _____

Correspondence address: _____

Which department/ graduate institute and degree do you wish to apply?

➤ Department/ graduate institute: _____

➤ Degree: ☐ Undergraduate Program ☐ Master's Program ☐ Ph.D. Program

Are you currently receiving or applying for any other scholarship?

☐ Yes (Name of scholarship): _____

☐ No



Will you still pursue your degree at KMU if you are not granted KMU scholarship?

☐ Yes ☐ No

Educational Background

Name of Institution	Duration of Study	Degree	Major

Extracurricular Activities or Work Experience

Period	Description of Activity/ Job Position	Name of Institution/ Company

Autobiography

Word count: within 300 words



References

Referee 1

Name: _____ Relation to applicant: _____

Title of duties: _____

Phone number: () _____

Referee 2

Name: _____ Relation to applicant: _____

Title of duties: _____

Phone number: () _____

Declaration

I authorize this University to verify all of the above information provided. After being admitted into KMU, if any of the information provided are found and proved to be false, I have no objections in accepting the consequence of having my grant status revoked.

Applicant's Signature: _____ Date: _____ / _____ / _____
(month) (day) (year)

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