



## 附件二：外國學生校內獎學金申請表

申請入學年度：115 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 2: KMU Scholarship Application Form for 2026-2027

## the INTENSE Programs

Academic Year: 2026 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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