



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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