



# Appendix 3: KMU Scholarship Application Form for International Students

## Kaohsiung Medical University

Academic Year: 2015

**Potential KMU student**

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

**Current KMU student**

*This scholarship application form must be submitted along with transcript of previous academic year to the Office of Global 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



Which KMU scholarship would you like to apply? Undergraduate students can only apply for Scholarship Type C.

- Type A<sup>+</sup>: 1-year tuition waived, TWD10,000 stipend per month, free student dorm room, and 1 one-way economy class flight ticket to Kaohsiung.
- Type A: 1-year tuition waived, TWD10,000 stipend per month, and free student dorm room.
- Type B: 1-year tuition waived and free student dorm room.
- Type C: 1-year tuition waived.

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

- Yes       No

### Education Background

Name of Institution	Duration of Study	Degree	Major

### Extracurricular Activities

Period	Description of Activity	Name of Institution



## 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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