



Appendix 3: KMU Scholarship Application Form for International Students

Kaohsiung Medical University

Academic Year: 2016

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⁺: 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)

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