

Application No.
(For official use only)

PART E: APPLICATION FORM

臺北市促進國際交流補助外國人學習中文申請表

APPLICATION FORM FOR CHINESE- LEARNING SCHOLARSHIPS TAIPEI CITY, REPUBLIC OF CHINA

Instructions

This form should be completed by the applicant in typewritten form. Each question must be answered clearly and completely either in English or in Chinese. Detailed answers are required. If necessary, additional A4 pages may be attached. Application documents must arrive at the Department of Education, Taipei City Government, before 31 May 2018 (Planning Division Department of Education, 8th Floor, No. 1, Shifu Road, Taipei 110, Taiwan, R.O.C.). 本表請申請人詳實以英文或中文工整填寫，慎勿遺漏，以利配合作業，如有需要，申請人可自行以同款紙張加頁說明。請確認您的申請資料在 2018 年 5 月 31 日以前寄達主辦單位臺北市政府教育局綜合企劃科。

1. PERSONAL DATA 個人基本資料

a. NAME 姓名	Mr./Mrs./Miss	Passport photo taken within the past 3 months, with signature on reverse. 最近三個月相片
	Surname (Last name) 姓 Given Name 名 (First Name) Middle Name	
b. HOME ADDRESS 聯絡地址、電話、電郵	Add. 地址: Tel. 電話: E-mail 電郵:	
c. PLACE OF BIRTH 出生地		
d. NATIONALITY 國籍		
e. SEX 性別:	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	
f. MARITAL STATUS 婚姻	<input type="checkbox"/> Single 單身 <input type="checkbox"/> Married 已婚	
g. DATE OF BIRTH 生日	(Day 日 / Month 月 / Year 年):	
h. HEALTH CONDITION 健康狀況		
i. CHRONIC DISEASES? 慢性病	<input type="checkbox"/> No 無 <input type="checkbox"/> Yes 有 If yes, please specify, 如有請指明	
j. RELIGION ? (Optional) 宗教(可不填)	<input type="checkbox"/> No 無 <input type="checkbox"/> Yes 有 If yes, please specify, 如有請指明	

k. EMERGENCY CONTACT 緊急事件聯絡人	Name 姓名:	Relationship 關係:
	Address 地址:	
	Tel 電話:	E-mail 電郵:

2. LANGUAGE PROFICIENCY 語言能力

LANGUAGE PROFICIENCY 語言能力	LISTENING 聽			READING 讀			WRITING 寫			SPEAKING 說		
	Good 良	Fair 可	Poor 劣	Good 良	Fair 可	Poor 劣	Good 良	Fair 可	Poor 劣	Good 良	Fair 可	Poor 劣
*Chinese 中文												
*English 英文												
Others												

Note: Items marked with an asterisk (*) are required. (備註：註記“*”號者為必填欄位)

3. EDUCATIONAL BACKGROUND 教育背景

Education Level	Name of Institution 校名	Location 地點	Dates of Attendance 修業年限
Secondary Education 中學			
Undergraduate Degree 大學			
Graduate Degree 研究所			

4. PAST EMPLOYMENT 以往工作經歷

POSITION 職務	ORGANIZATION 機構名稱	PERIOD OF EMPLOYMENT 服務期間	DUTIES 工作說明

Note: Where inapplicable, leave blank. (備註：無者免填。)

5. PRESENT EMPLOYMENT 現職狀況

a. COMPANY/ ORGANIZATION 機構名稱	
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b. POSITION 職稱		Date started 起始日期
c. ADDRESS 地址	Add. 地址: E-mail 電子郵件:	Tel. 電話 : Fax. 電傳 :
e. TYPE OF ORGANIZATION 機構種類	<input type="checkbox"/> Govt. Ministry/ Agency 政府部門 <input type="checkbox"/> Locally Owned Enterprise 私人企業	<input type="checkbox"/> University/ College 大學校院 <input type="checkbox"/> Joint Venture 合資企業 <input type="checkbox"/> Govt./State-owned Enterprise 公營企業 <input type="checkbox"/> Foreign-owned Enterprise 國際公司 <input type="checkbox"/> NGO 非政府機構
f. PRESENT DUTIES		

Note: Where inapplicable, leave blank. (備註：無者免填)。

6. LIST OF AFFILIATE INSTITUTIONS WHERE YOU HOPE TO ENROLL, IN ORDER OF PREFERENCE

列出優先想就讀之中文教學機構

(Please refer to Part B for a list of affiliated institutions)(委託之中文教學機構請參考 B 部分)

First Choice: _____

Second Choice: _____

7. PERSONAL STATEMENT 自傳

Please describe your personal, academic and career plans within 500 words. Use an additional A4 sheet and attach.

(請使用同款紙張加頁簡要地描述你自己、學業及工作計畫，內容請勿超過 500 字。)

8. COPY OF EDUCATIONAL DIPLOMA/CERTIFICATION AND TRANSCRIPT OF ACADEMIC RECORDS IN ENGLISH 最高學歷證書及成績單英譯本

9. HEALTH CERTIFICATE (in Chinese or English) 中文或英文健康證明書

The certificate must include blood test results for syphilis, chest X-rays for tuberculosis, certification of immunity or vaccination against measles/rubella and an examination for Hansen's Disease.

(證明書必須含括胸部 X 光檢查肺結核、梅毒血清檢查、麻疹及德國麻疹之抗體陽性檢驗報告或預防接種證明與漢生病檢查)

Applicants from counties or areas listed on Part G and nationals without registered permanent residence in the Taiwan Area are not required to undergo an examination for Hansen's disease.

(申請者來自 Part G 所列國家或地區者，以及在臺灣地區之無戶籍國民，得免驗漢生病檢查。)

10. LETTER OF RECOMMENDATION FROM THE MAYOR 市長推薦信

The recommendation should be written on a separate A4 sheet and mailed together with the other application materials.

(市長推薦信請使用同款紙張加頁書寫並與你其他的申請信件一同寄給我們。)

PART F: Terms of Agreement (承諾書)

1. Terms of Agreement

- a. I agree to abide by the laws of the Republic of China (Taiwan) during my stay in Taiwan. (本人在中華民國停留期間，願遵守中華民國之法律)。
 - b. I will be responsible for any expenses that exceed the amount of the scholarship awarded. (所有超出獎助學金額度以外之費用，一概由本人負擔)。
 - c. Upon the completion of my course/program, I will submit a Report of study, a school report card and an official permanent residence/correspondence address to the Department of Education of the Taipei City Government. (學業完成後，本人須提出研習報告、在學成績單與本人之永久通訊地址等資料予臺北市政府教育局)。
 - d. I hereby agree to participate in the 20 hours of cultural exchange activities arranged by Taipei City Government. (For further information, please refer to Part C.) (本人願意參加臺北市政府安排之 20 小時服務活動：服務內容請洽 Part C 單位)。
 - e. I understand that, while in receipt of this scholarship, learning Chinese is my first priority and I may not engage in any full-time or part-time employment. (本人願意於受補助期間，以學習中文為優先，避免在外工作)。
 - f. I understand that there are two versions of the Scholarships Regulation and Terms of Agreement document—Chinese and English—and that in the event of any discrepancy, the Chinese version shall prevail. (本人瞭解補助金要點及同意承諾書有中文與英文二種文字對照版本，如解釋有歧異時，係以中文版本為準)。
2. I have read and understood and am in agreement with the information and terms provided to me regarding scholarships, which are awarded by the Taipei City Government, Republic of China (Taiwan). I hereby declare the information I have provided to the Taipei City Government, Republic of China (Taiwan), to be correct. I understand and accept that if I fail to meet any of the terms of this scholarship, my involvement in the program will be immediately terminated. (本人已閱讀、瞭解並且同意有關臺北市促進國際交流補助外國人學習中文助學金之資料與規定，本人承諾本人在申請書所提供之資料全部屬實。本人瞭解並同意，如有任何違反助學金規定之情事，則本人參與此項助學金計畫之資格將被立即取消)。

Name (姓名) : _____

Signature (by hand) (簽名) : _____ Date (日期) : _____

PART G: List of countries/areas not required to undergo stool examination for parasites and examination for Hansen's disease

(免驗腸內寄生蟲糞便檢查及漢生病檢查之國家/地區表)

亞太 East Asia and Pacific	
澳洲 Australia	日本 Japan
紐西蘭 New Zealand	香港 Hong Kong
澳門 Macao	新加坡 Singapore
南韓 South Korea	
臺灣地區之無戶籍國民 nationals without registered permanent residence in the Taiwan Area	
亞西 West Asia	
亞美尼亞 Armenia	白俄羅斯 Belarus
喬治亞 Georgia	以色列 Israel
哈薩克 Kazakhstan	摩爾多瓦 Republic of Moldova
俄羅斯 Russian Federation	土耳其 Turkey
土庫曼 Turkmenistan	烏克蘭 Ukraine
北美 North America	
加拿大 Canada	美國 U.S.A.
歐洲 Europe	
阿爾巴尼亞 Albania	安道爾 Andorra
奧地利 Austria	比利時 Belgium
波士尼亞與赫塞哥雅納 Bosnia and Herzegovina	保加利亞 Bulgaria
克羅埃西亞 Croatia	賽普勒斯 Cyprus
捷克 Czech Republic	丹麥 Denmark
愛沙尼亞 Estonia	芬蘭 Finland
法國 France	德國 Germany
希臘 Greece	匈牙利 Hungary
冰島 Iceland	愛爾蘭 Ireland
義大利 Italy	拉脫維雅 Latvia
立陶宛 Lithuania	盧森堡 Luxembourg
馬爾他 Malta	摩納哥 Monaco
蒙特內哥羅 Montenegro	荷蘭 Netherlands
挪威 Norway	波蘭 Poland
葡萄牙 Portugal	羅馬尼亞 Romania
聖馬利諾市 San Marino	塞爾維亞 Serbia
斯洛伐克 Slovakia	斯洛維尼亞 Slovenia
瑞典 Sweden	瑞士 Switzerland
西班牙 Spain	馬其頓 The former Yugoslav Republic of Macedonia
英國 United Kingdom	

