

NAME (LAST, FIRST): _____

RESIDENT OF: CT NJ NY PA

2014

華語文獎學金申請表 | HUAYU ENRICHMENT SCHOLARSHIP APPLICATION

TO THE APPLICANT: Please complete this form legibly and answer questions clearly and completely. Detailed answers are required in order to make the most appropriate arrangements. If necessary, additional pages of the same size may be attached. 本表請申請人詳實工整填寫，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。

NUMBER OF MONTHS YOU ARE APPLYING FOR 請選以下選項

- 2 MONTHS** (for two-month courses this summer between 6/2014-8/2014)
- 3 MONTHS**
- 6 MONTHS**
- 9 MONTHS**

Important: With the exception of the 2-month HES, all other awards (the 3-, 6-, and 9-month scholarships) must be for study completed between September 1, 2014 and August 31, 2015. Scholarships cannot be deferred to later dates.

1. PERSONAL DATA 個人基本資料

a. NAME 姓名	Title 稱謂: Mr. Mrs. Ms. Other:			Please attach a clear, recent photograph taken within the last 3 months. 最近三個月相片
	Last name 姓:			
b. PLACE OF BIRTH 出生城市、州別及國別	City/Town 城市	State/Province 州別	Country 國別	
	Given Name(s) 名:			
Chinese Name 中文姓名:				
c. NATIONALITY 國籍	<input type="checkbox"/> USA 美國	<p>1: To be eligible for this scholarship, you must be a citizen of the United States of America. A copy of your USA passport or birth certificate is required.</p> <p>2: If one or both of your parents were ROC nationals at the time of your birth, then you are also an ROC national and, therefore, ineligible to apply.</p>		
d. PARENT DATA 家長資料	FATHER 父		MOTHER 母	
	Name 姓名:		Name 姓名:	
	Nationality 國籍:		Nationality 國籍:	
Place of Birth 出生地:		Place of Birth 出生地:		
e. CONTACT INFORMATION 聯絡地址、電話、電子郵件	Permanent Address 永久地址	(Street)		
		(City)	(State)	(ZIP)
	Address where you currently receive mail (if different) 郵寄地址	(Street or P.O. Box)		
		(City)	(State)	(ZIP)

	Telephone 電話 () -		Cell phone 手機 () -	
	E-mail 電子郵件			
f. SEX 性別	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女			
g. MARITAL STATUS 婚姻狀況	<input type="checkbox"/> Single 單身 <input type="checkbox"/> Married 已婚 <input type="checkbox"/> Other 其他:			
h. DATE of BIRTH 生日	Day 日	Month 月	Year 年	
i. PAST RESIDENCE in TAIWAN 居住臺灣	<input type="checkbox"/> Never 否	<input type="checkbox"/> Yes, from (dd/mm/yr) to (dd/mm/yr) 是, 起迄日期		
		Reason(s) for residence 居住事由		
j. Taiwan Scholarship/ Huayu Enrichment Scholarship Award History 臺灣獎學金/華 語文獎學金受獎紀錄	<input type="checkbox"/> None 無	<input type="checkbox"/> Yes, from (dd/mm/yr) to (dd/mm/yr) 是, 起迄日期		
		Name/type of Scholarship(s) Awarded		
k. HEALTH CONDITION 健康狀況	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair			
l. CHRONIC DISEASES 慢性病	<input type="checkbox"/> None 無	<input type="checkbox"/> Yes 有 - Please specify 請指明:		
m. EMERGENCY CONTACT PERSON 緊急事件聯絡人	Full Name 姓名		Relationship to you 關係	
	Address 地址			
	Telephone 電話 () -		Cell phone 手機 () -	
	E-mail 電子郵件			

2. LANGUAGE PROFICIENCY 語言能力

	Listening 聽			Reading 讀			Writing 寫			Speaking 說		
	Excellent 優	Good 良	Fair 可	Excellent 優	Good 良	Fair 可	Excellent 優	Good 良	Fair 可	Excellent 優	Good 良	Fair 可
Chinese												
English												
Other												

3. EDUCATION BACKGROUND 教育背景

	Name of School (City, State, Country)	Dates of Attendance (mm/yy-mm/yy)	Did you graduate? (Yes/No)	Degree and concentration <i>(ex: B.S. in Chemistry)</i>
Secondary (HS) 中學				-
Undergrad 大學				
Graduate 研究所				

(Please submit a copy of transcript for your highest attained degree)

4. REFERENCES 推薦單位(人)資料

Two (2) letters of reference are required. Letters may be sent directly to Education Division of TECO-NY, or applicants may collect them and send them in one package. Letters must be signed and sealed by their writers and written on official letterhead.

Name 姓名	Position 職務	Telephone, E-Mail, or Address 電話及郵電地址

5. PREVIOUS EMPLOYMENT (Use one line for each position) 工作經歷

Position 職務	Company/Organization 機構名稱	Period of Employment 服務期間	Responsibilities 工作說明

6. PRESENT EMPLOYMENT 現職狀況

a. COMPANY or ORGANIZATION 機構名稱			
b. POSITION 職稱			c. Starting date of employment 起始日期
d. COMPANY CONTACT INFORMATION 聯絡資訊	Office Address 地址		
	Office Telephone 電話	Office Fax 電傳：	
	Business E-mail 電子郵件		
e. TYPE OF ORGANIZATION 機構種類	<input type="checkbox"/> Government Ministry or Agency 政府部門 <input type="checkbox"/> College, University, or Institute 大學校院 <input type="checkbox"/> Government or state-owned Enterprise 公營企業 <input type="checkbox"/> Private Enterprise 私人企業 <input type="checkbox"/> Joint Venture 合資企業 <input type="checkbox"/> Int'l Enterprise 國際公司 <input type="checkbox"/> NGO 非政府國際組織 <input type="checkbox"/> Other 其他：		
f. PRESENT DUTIES 現任職務		TIME AT POSITION 資歷年限	Years Months

7. LANGUAGE CENTER WHERE YOU PLAN TO STUDY 擬就讀之語文中心

Proof of application (copy of application, receipt, or admission letter) to language center is required

NAME OF LANGUAGE CENTER
NAME OF UNIVERSITY/COLLEGE

8. PLEASE BRIEFLY STATE YOUR STUDY PLAN WHILE IN TAIWAN 請簡述在臺讀書計畫

(ATTACH SEPARATE OR ADDITIONAL PAGES, AS NEEDED)

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9. DECLARATION

I declare that the information I have given on this application is complete and accurate to the best of my knowledge.

In your normal handwriting, write the sentence above in this space if you agree:

X	
SIGNATURE	DATE

A complete application includes: this application form, a copy of USA passport, a copy of transcript, two (2) letters of recommendation, and proof of application to language center.

Mail application and supporting materials to:
Education Division, TECO-NY
Attention: HES
1 East 42nd Street, 6th Floor
New York, N.Y. 10017

Deadline (postmarked by): **March 31, 2014**
(Please do not email or fax applications)