

# The Master Program in Smart Healthcare Management Financial Aid Application Form

■ Please provide electronic files and submit in PDF form.

## Part I. General Information

|                                  |  |  |  |
|----------------------------------|--|--|--|
| <b>First Name</b>                |  | <b>Last Name</b>                       |  |
| <b>Mobile Number</b>             |  | <b>Student ID</b>                      |  |
| <b>Bank Code</b>                 |  | <b>Bank Account Number<sup>3</sup></b> |  |
| <b>A.R.C. Number<sup>1</sup></b> |  |  |  |
| <b>Email Address</b>             |  |  |  |

1. A.R.C.: Alien Residence Certificate; 2. Please provide the account number issued by **Chunghwa Post Co., Ltd.**, if possible.

## Part II: Financial Aid

| Please specify <b>ALL</b> other financial aid that you have applied for and its status. |  |
|---|--|
| <b>Have you applied for or been awarded other financial aids?</b>                       | <input type="checkbox"/> Yes. Name of the financial aids:<br><input type="checkbox"/> No |
| <b>Do you have other off-campus job?</b>  | <input type="checkbox"/> Yes. Job description:<br><input type="checkbox"/> No            |
| <b>Please tick the type of financial aid<sup>1</sup> you would like to apply.</b>       | <input type="checkbox"/> Scholarship<br><input type="checkbox"/> Assistantship           |

1. Full scholarship covers the tuition and miscellaneous fees, including computer access fee, on-campus accommodation fee, and monthly living subsidies. Partial scholarship covers the tuition. Assistantship: Up to 8-month employment per academic year with stipends. The amount of coverage shall be allocated based on the budget of each year.

## Part III: Statement

I hereby declare that the aforementioned information provided in this form is correct and true. If any information provided is misleading, false, or incorrect in a material particular, I would be held accountable and might be disqualified by the Program Affairs Meeting.

**Signature:** \_\_\_\_\_ **Date (YYYY/MM/DD):** \_\_\_\_\_

**Note: Please submit the following supplementary documents when you apply.**

**A copy of**

1.  Student ID (both sides)
2.  A.R.C.
3.  Cover of an account passbook (issued by financial institutions in Taiwan.)
4.  Transcripts of the previous semesters (if applied)

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----- (The Following Should Be Filled by the Program Office.) -----

1. Review Result:  Approved  Disapproved to issue financial aid.
2. Type of Financial Aid Awarded:

| Type  | Coverage             | Amount (NTD) | Unit | Total Amount |
|---|----------------------|--------------|------|--------------|
| <input type="checkbox"/> <b>Full Scholarship</b>    | Basic Tuition        | 22,970       | 1    | 22,970       |
|   | Credit Fee           | 2,980        |      |              |
|   | *Computer Access Fee | 1,900        | 1    | 1,900        |
|   | Accommodation Fee    |              | 1    |              |
|   | Monthly Subsidy      |              | 4    |              |
| <input type="checkbox"/> <b>Partial Scholarship</b> | Basic Tuition        | 22,970       | 1    | 22,970       |
|   | Credit Fee           | 2,980        |      |              |
| <b>Total Amount (NTD)</b>                           |                      |              |      |              |

1. A.R.C. and work permit are required to apply for teacher assistant or on-campus employment positions.
2. Computer Access Fee is only charged for the first academic year.

Master Program in Smart Healthcare Management  
Chop of Approval