The Master Program in Smart Healthcare Management Financial Aid Application Form

■ Please provide electronic files and submit in PDF form.

| D . 1 | ~ 1 | | | |
|--------------|-------------|-------|-----|-------|
| Part | General | Into | rma | Itian |
| 1 41 6 | испста | , | | |

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

^{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 ALL other financial aid that you have applied for and its status. | | | | |
| Have you applied for or been | ☐ Yes. Name of the financial aids: | | | |
| awarded other financial aids? | □ No | | | |
| Do you have other off-campus job? | ☐ Yes. Job description: | | | |
| Do you have other on-campus job: | □ No | | | |
| Please tick the type of financial aid ¹ | ☐ Scholarship | | | |
| you would like to apply. | ☐ Assistantship | | | |
| 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 p | | | | |
| 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 s | upplementary documents when you apply. |
| A copy of | |
| 1. Student ID (both sides) | |
| 2. | |
| 3. Cover of an account passbook | (issued by financial institutions in Taiwan.) |
| 4. Transcripts of the previous sen | nesters (if applied) |

The Master Program in Smart Healthcare Management Financial Aid Application Form

| (The Following Should Be Filled by the Program Office.) | | | | | |
|---|---|--|--|--|--|
| 1. | Review Result: \square Approved \square Disapproved to issue financial aid. | | | | |
| 2. | Type of Financial Aid Awarded: | | | | |

| Туре | Coverage | Amount (NTD) | Unit | Total Amount |
|---------------------|----------------------|--------------|------|---------------------|
| | Basic Tuition | 22,970 | 1 | 22,970 |
| | Credit Fee | 2,980 | | |
| ☐ Full Scholarship | *Computer Access Fee | 1,900 | 1 | 1,900 |
| | Accommodation Fee | | 1 | |
| | Monthly Subsidy | 10,000 | 4 | 40,000 |
| | Basic Tuition | 22,970 | 1 | 22,970 |
| Partial Scholarship | Credit Fee | 2,980 | | |
| Total Amount (NTD) | | | | |

^{1.} A.R.C. and work permit are required to apply for teacher assistant or on-campus employment positions.

| Master Program in Smart Healthcare Management | |
|---|------------------|
| | Chop of Approval |
| | |
| | |
| | |
| | |
| | |
| | |

^{2.} Computer Access Fee is only charged to the first-year students.