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| **高雄醫學大學 學年度第 學期親儒紀念獎學金申請表****Kaohsiung Medical University Scholarship in Memory of Ching-Ju Application From****Academic Year: Semester:**  |
| 系 級Department / Grade | 課 程 名 稱Course | 學分數Credits | 上學期分 數First Semester Grades | 下學期分 數Second Semester Grades | 學生輔導委員會審查結果： □ 通過 □ 不通過Student Guidance Committee censorship:□ Accept.□ Not Accept. |
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|  |  |  |  | 社工小組評語Comments of Social Workers 審查結果 Result* 推荐 Recommend
* 不推荐 Not Recommend
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| 學 號Student No. |  |  |  |  |
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| 聯絡電話Phone Number |  |  |  |  | 是否領有其他校外獎學金 □ 有 申請獎學金之名稱:  □ 無Do you have any other extramural scholarship? □ YES. Please specify: □ NO.  |
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| * 注意事項：在相關社工科目成績欄內，請填寫與社會工作相關的必修科目。
* Notes: Please specify the required courses related to social work in the column of grades.
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以上所填寫應屬實，若有虛構，需負法律責任並同意撤回相關證件。
I hereby certify that the above information is true and correct. I understand that I will be subject to civil penalties as any false declaration is found, and I agree to withdraw all related documents.申請人： （蓋章） 聯絡電話： 日期： 年 月 日
Applicant: (Signature) Phone Number: Date: (yyyy/mm/dd)