**高雄醫學大學學生緊急紓困金申請表**

**Kaohsiung Medical University Student Emergency Assistance Fund Form**

申請日期（Date of Application）： 年 月 日

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 申請人Applicant information | | | | | | |
| 姓名Name | |  | | 學號Student ID | |  |
| 性別Gender | | □男Male  □女Female | | 身份證字號  Resident certificate number | |  |
| 院系所別  Department and year | |  | | 行 動 電 話  Mobile Number | |  |
| 通訊地址  Address | |  | | | | |
| 申請人急難狀況  Applicant’s Family financial status and current major economic burden | | | | | | |
| 一、遭遇急難事件時間、地點及詳細情形  Time,place and details of the emergency incident.  二、家庭現況描述**（家中成員及經濟狀況）**  Family status description.(The number of family members and Family members’s financial conditions) | | | | | | |
| Attach information | □pplication form□birth certificate□Death or diagnosis certificate  □Other proof： | | | | | |
| 會簽意見  Sign field | 導 師Mentor | |  | | | |
| 系 主 任（大學部）  Chair of the faculty | |  | | | |
| 所 長（研究生）  Director of the faculty | |  | | | |
| 受理單位  Receiving unit | 承辦人Undertaker | |  | | 依緊急紓困金實施要點第三條第 點（補助標準表第 類第 項）規定辦理 | |

保存期限：至該生畢業後2年 CS502-A602-150131