

國立臺北護理健康大學境外學生助學金(附服務負擔助學生)申請書
National Taipei University of Nursing and Health Sciences Overseas Student
Service Learning Scholarship Application Form

Applicant's name (Chinese & English)		Department/year		Student number	
ARC number		Birthday (year, month, day)		Mobile number	

Proposed Contract for Student Assistantship/ Service Learning

計畫編號 Plan number	115EA01-3103、115EA01-51	經費來源 Funding unit	教育部 Ministry of Education		
計畫名稱 Plan name	115 年(3-1-3 國際中心) (3-1-3 International Center)、115 年(5-1 International Center)				
計畫執行期間 Duration of Project	2026/01/01 至 2026/12/31, 共計 12 個月 2026/01/01 to 2026/12/31, twelve months total				
學生姓名 Student's Name	類別 Category	約用系所/單位 For official use only	獎助期間 Period of award	職級 Degree	獎助標準 Amount of award
	附服務負擔學生 Service learning		自(From) 2026/03/01 至(To) 2026/06/31	<input type="checkbox"/> 碩博研究生 (MA/Ph.D) <input type="checkbox"/> 大專生 (Bachelor)	NTD

■ I agree to provide the personal information required for this application and authorize its reasonable use by the National Taipei University of Nursing and Health Sciences, allowing NTUNHS to handle my personal data in accordance with the Personal Data Protection Act and other relevant regulations. The University of Nursing and Health Sciences collects, stores, refers to, uses and processes all information collected by the University for specified purposes. The information may be permanently stored in the form of digitized records or other similar media.

■ I understand that if I am suspended, withdraw, transfer to another school, or am accepted by another school during the period of this award, I will no longer qualify to receive this award once my change of status has been verified.

■ I confirm that the above personal information is correct, otherwise I will be disqualified from the award and must pay back the scholarship money I have received.

Student signature: _____

date: _____

■ This award must not be granted to spouses, blood relatives (first, second, or third degree) or relatives by marriage of program administrators, co-administrators, organization heads, and supervisors (unit supervisors, deans, directors, etc.), or to relatives of temporary personnel (such as full- or part-time assistants, teaching assistants, and temporary staff) who are working for the project.

■ The student or the student's sponsoring unit has accepted the award of this Service Learning Assistantship.

Instructor/unit supervisor's signature: _____

date: _____

Paste photocopy of front of ID here	Paste photocopy of back of ID here
Front side of ARC/ID here	Reverse side of ARC/ID here
Please attach in the specified order	Photocopy of bank savings account book here

※Please print out your work permit & Enrollment Letter.