**國立東華大學教育與潛能開發學系**

**研究生獎學金申請表**

 **學期(Semester)**

Graduate scholarship Application Form

Department of Education and Human Potentials Development at

National Dong Hwa University

|  |  |  |
| --- | --- | --- |
| 學號(Student ID)： | 姓名(Name)： | 學制別(Program)□碩士班Master □博士班Ph.D. 年級(Year)： |
| 行動電話(Mobile Phone Number)： | E-mail Address： |
| 有無專職In a double employment situation | □有 yes□無 no (請附聲明書Employment Status Declaration Required**）** |
| 申請獎學金type of scholarship | □碩士生Master student：1基數(1 basic unit)　（1350元/ NT$1350）□博士生Ph. D. Student：2基數(2 basic units)　（2700元/NT$2700） |
| 申請類別（請勾選）Applying (please check) | □經濟弱勢清寒者（請附證明文件）Economically disadvantaged（supporting documents required） |
| □其他Others（請述明理由please state the reasons） |
| 申請人Applicant |  | 申請日期Date(y/m/d) |  |
| 審核意見Result | □通過 Approved 核發獎學金 /月🞩 月Award \_\_\_\_\_\_\_\_/per month 🞩 month□不通過Not Approved  |
| 系主任Chairperson |  | 簽核日期Date(y/m/d) |  |

**國立東華大學學生無專職工作聲明書**

Employment Status Declaration, NDHU

 **學期(Semester)**

|  |  |  |
| --- | --- | --- |
| 姓名：Name | 身分證號：ARC No.： | 出生日期：民國 年 月 日Date of Birth(y/m/d)  |
| 就讀系所班別(Department and Program)： Department of Education and Human Potentials Development |
| 班別(Program)：□碩士班(Master)□博士班(Ph. D.) | 年級(Year)： |

1.本人未以專職員工身分參加健保，且受領 貴單位之（兼職）薪資所得，未達中央勞工主管機關公告之基本工資，依全民健康保險扣取及繳納補充保險費辦法第4條第3項第7款規定，請　貴單位免扣取本人補充保險費，謹依照該辦法第5條第1項第7款規定，提具當學期在學證明書，以資證明。

I have neither participated Taiwan’s National Health Insurance as a full-time employee, nor has my income pay from the (part-time job) at this unit reached the basic wage mandated by Taiwan’s Ministry of Labor; therefore, please do not collect my supplementary premiums, according to Subparagraph 7, Paragraph 3, Article 4, Regulations Governing the Deduction and Payment of the Supplementary Insurance Premium of the National Health Insurance. And according to Subparagraph 7, Paragraph 1, Article 5 of the same regulations, I will provide my semester Certificate of Student Status as proof.

2.如日後有專職工作或學期間學生身分異動者，應立即主動通知國立東華大學。If I get a full-time job or stop being a student in the future, I will immediately take the initiative to inform Nation Dung Hwa University

3.如有不實，願依全民健康保險法暨相關法律規定處理，特此聲明。

If the above declared is not true, I would accept all penalties according to laws and regulations concerning National Health Insurance.

聲明人： (簽章)

 Declarer’s Signature:

中華民國 年 月 日

ROC Date (y/m/d)