		Date:	(MM/DD/YYYY)			
Applicant	Name:	Relationship with the Student:	Tel. No.:			
Student' information	Name	Department (Institute) grade	Student ID			
	Registered Residence:					
	Mailing address:					
Causes (Please attach the related certificates.)	□ Where the student dies unfortunately, the relief payment in the amount of NT\$20,000 will be allocated					
	□ Where the student suffers from serious injury or sickness due to contingency, the relief payment no more than NT\$5,000 will be allocated.					
Advisor's comments						
Department (Institute) Chair's comments						
Review by the Office of Student Affairs						
Undertaker	Undertaker Chief of the Student Advising Division		Endorsed by the President			

Remark:

- 1. Please complete the "CYCU Application Form for Emergency Relief Payment to Students attached with related certificates" and "Remittance Memo for the payment made by CYCU attached with the front side and reverse side of ID card and photocopied cover page of the passbook".
- 2. The applicant shall complete the application form attached with related certificates and submit the same to the student's department (institute). After the advisor and department (institute) chair enters their signatures thereto, the department (institute) shall help submit the same to the undertaker of Student Advising Division for following movement.

Remittance Memo for the payment made by CYCU Persons outside the University CYCU students

		Da	ate of Applica	ation:	(MM/D	D/YYYY)	
Name			ID No.				
Mailing Address							
Contact person			Tel. No.				
E-mail			Fax				
Account name							
Financial Organization	Branch Bank,						
Bank code (a total of 7 digits)							
Account No.							
Please remit the relief payment settled by you to said designated financial organization's account. In the case of any dispute over the accounts, I will be responsible for settling the same independently. To: Chung Yuan Christian University							
[Persons outside the University] Signature: Seal:		[CYCU students] Signature: Seal:					

Remark:

1. The account name shall be identical with the student's name.

2. Please attach the front side and reverse side of ID card and photocopied cover page of the passbook.

3. Where the application is filed on the ground of the serious injury/sickness incurred to the student per se due to some contingency, the financial organization and account number field shall identify Mega Bank's or the post office's account number.