

			Ľ	Date of	Appli	cation:		(MM/DD/YYYY)
Name			Studer	nt ID				
Class/Doportmont			Tel. I	No.				
Class/Department			Mobile	e No.				
Family's Address								
Personal Address								
 2. Those whose p affected adverse 3. Those whose pa 4. Those whose pa Applicant: □Co- □Ten Status of part-time 	bw-income household arrent (or guardian) s ly; rent (or guardian) has rent or guardian is un live with family n ant: Rent NT\$ b job: \Box Already a \Box Wish to ta	uffers a no wo employ nembe stude	from critic rking abilit /ed involur prs/relativ _ per mo nt worke	al illness ty; tarily and res \Box Bo nth. r \Box Not	and, the second	herefore, the set family is inde g school ent worker	family'	
Source of family Submissions: application			ranscript	□Othe	er rel	ated inform	nation	helpful for the
Title Name	Date of birth	Health condition		Employment or school		Co-live? N		Ionthly income
Status of family p	roperty							
House () Own/amount of loan		unt	Age of house		(() Leased/house rent		Remark
Building(s) NT\$			NT\$		NT	NT\$ (per month)		
Vehicle Brand name		9	Displacement		A	Age of vehicle		Remark
Unit(s)			сс					

Descriptions: (Please focus on the family within 300 words.)	background, current status of life, and self-expectation
Deview comments by the Office of	[
Review comments by the Office of Student Affairs	Comments by Chair of the Department or Advisor

CYCU Student with Poverty Fellowship Self-Assessment Form (to be completed by the student) B47

			•	e student)	D 47		
1	Name		Department /Grade		Student ID		
Mobile No.			E-mail				
Item		Distribution				Points	
1. Both parents alive?		Both parents deceased					
		Father deceased					
		Mother deceased or parents divorced \Box					
		To maintain grandparents					
		Both parents alive					
2. The physically and mentally disordered or critical illness		The applicant	t and his/her fa	mily member w	vith		
					manent treatme		
	requiring	g permanent	Co-living fan	nily member w	ith critical illne	ss	
		it? (With the			ent		
	certificat	te issued by	Co-living fan	nily member h	andicapped		
	the hosp	ital)			llness requiring		
				t physically and	d mentally		
3.	Number						
	siblings						
		, other than					
	the appli	cant per se.					
					are students.		
4.		f family's			d tax exemption		
	income ((To be attach	ed with the rele	evant certificate	es)	
		te of tax	Descentes a suite	C			
	exemption			ficate (issued b			
	certificat				non (in aludin a	<u>_</u>	
	low-inco		solf omploye	d family mem	ber (meruding		
	househo		Two employe	d family mam	bers (including		
	poverty certificate,						
etc.)				nbers (includin			
5.	Own hou	ise?	Own no real	property			
5.	0 101 100		Own real pro	perty and requi	ired to pay hous	se	
6.	Status of	f life	Living expen	ses supported	by part-time job	or	
					·····		
			Living expen	ses supported	by loan		
				by relatives and			
			friends		<u></u>		
7.	Special p	performance	Current cadre	e or with excell	ent performanc	e	
	-		and granted a	wards (To atta	ch the relevant		

Poverty points St		
8. Average academic performance of the first semester	More than 80.1 points □ 75.1~80 points □ 70.1~75 points □ 65.1~70 points □ 60~65 points □	
Total points	Total	

Please tick " \checkmark " in \Box honestly based on said conditions. It is not necessary to complete the points field. In the case of any false answer, the applicant will be disqualified accordingly.