Chang Gung University Student Emergency Relief Fund Application Form

Date： /  /

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| Applicant | Name： | | Relationship to Applicant： | |
| Student’s  Information | Name | Department (year) | Student ID | ARC No. |
|  |  |  |  |
| Gender | Date of Birth | TEL | Post Office Account No. |
|  |  |  |  |
| Address： | | | |
| Parents  (Guardians) | Name： | | TEL： | |
| Address： | | | |
| Reasons of application |  | | | |
| Family Financial Status |  | | | |
| Class Mentor’s Comments |  | | | |
| Department Chairman’s Comments |  | | | |
| Comments of the Dean of Student Affair’s |  | | | |
| President’s Approval |  | | | |
| Please attach relevant documents, such as medical certificate, proof or statement of low-income household,  certificate of death plus proof of removal from household, photocopy of both sides of the student ID, etc. | | | | |