Chang Gung University Student Emergency Relief Fund Application Form

Date： /  /

|  |  |  |
| --- | --- | --- |
| 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. |