**Receipt**

Chang Gung University Student Emergency Relief Fund

Date: / /

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant’sName |  | Student ID No: | Department: |
| ARC No |  |  |  |  |  |  |  |  |  |  | Tel no. (H):  |
| Address |  |
| Household Registration Address |  |
| Parents/Guardian | Name: | Tel no.: |
| Address: |
| Eligibility | □ The student passed away □ The student has severe illness□ Family members suffered major accident(s) |
| Amount Subsidized |  | Payee’s signature |  |

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