**輔仁大學英國語文學系進修學士班**

**「Ms. Schaefer 紀念助學金」實施辦法**

102.03.27英國語文學系系務會議通過

102.01.23 英國語文學系進修學士班獎學金委員會修訂

100.12.28 英國語文學系系務會議通過

 100.10.28英國語文學系進修學士班獎學金委員會草案

**一、宗 旨：**為紀念對本系貢獻卓著之前系主任Ms. Donna Schaefer (1931.3.13—2001.12.27)，彰顯並鼓勵學生體現本系辦學宗旨、目標及特色，特設置本獎學金。

**二、金 額：**每名新臺幣壹萬伍仟元整。

**三、名 額：**每學期各一名，得以從缺。

**四、辦理期次：**每學期各辦理一次，上學期12月、下學期5月頒發。

**五、遴選標準：**凡本系進修學士班在學生，德術兼備、熱心服務、而有下列具體事蹟之一，足為同儕表率者，得被推薦為候選人。

（一）家境清寒，且奮發向上，表現優異者。

（二）服務學系、關懷社會有具體事蹟，足為青年典範者。

（三）其行為足以體現本系辦學宗旨、目標及特色者。

（四）求學態度積極，虛心進取，前一學年之學業有具體進步事蹟，且受師生肯定者。

（五）參加校外比賽（含社團活動）表現卓越、為系爭光者。

**六、申請資料：**

（一）申請書（如附件一）。

（二）上學年成績單。

（三）個人簡歷。

（四）一位師長之推薦函（格式自定）。

（五）符合遴選標準之證明文件。

**七、申請時間：114年3月24日至114年4月17日**

**八、薦選程序：**

（一）為嘉惠更多優秀學生，前一學期獲獎者，不得連續申請。

（二）學生將申請文件備齊後，依規定之時間送交系辦公室彙整。

（三）遴選方式由系主任邀集本系系友、導師、專任教師組成獎學金遴選委員會經公開程序與客觀評選後決定獲獎之學生。

（四）獲獎學生名單於系網頁及佈告欄公告表揚。

**九、獎勵方式：**於每年校慶系友大會、系大會時公開表揚並頒發獎學金及獎狀。

**十、**為鼓勵學生落實服務學習精神，獲頒本獎學金者，須於獲獎學期間另外為本系完成服務時數20小時，輔導落後同學課業、或協助系務與系友會務。

**十一、**本實施辦法經英文系進修學士班獎學金遴選委員會提出，系務會議通過後公告實施。修正時亦同。

(Passed by the 2nd Faculty Meeting, Fall 2011, 2011/12/28

Proposed by the 1st CEBA Scholarship Committee Meeting, Fall 2011, 2011/10/28

**CEBA Program English Department Application Form**

**Ms. Schaefer Memorial Grant**

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| **Applicant** |
| Name (Chinese) |  | Student No. |  | □ Freshman |
| ID No. |  | □ Sophomore |
| Name (English) |  | Tel No. |  | □ Junior |
| Birth Date |  | Mobile Phone No. |  | □ Senior |
| E-mail Address:  |
| Post Office Account No. | 局號：□□□□□□―□ | 帳號：□□□□□□―□ |
| Address | □□□ |
| How did you pay your tuition? |  |
| How many hours do you work per week, if you have to work? |  |
| □No □Yes Received grant for government employees and teachers’ children from the Government.Total amount: NT dollars□No □Yes Granted tuition exemption by the Government. Title: Total amount: NT dollars□No □Yes Received scholarship, fellowship or grant from the University or any other organizationsTotal amount: NT dollars* **Please provide detailed and accurate information. If case of fraud, applications will be rejected.**
 |
| **Family** |
| Dwelling Place | □Owned □Rented □Other: |
| Total Monthly Income |  NT dollars |
| Total Monthly Expenditure |  NT dollars |
| Family Address & Tel No. | □□□ |
| Relation | Name | Age | Education | Marital Status | HealthCondition | Company | Position | MonthlySalary |
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| Check one or more of the following:□ The family is in straitened circumstances. Please provide supporting documentation.□ Family breadwinner is unemployed or has failed at business.□ Family breadwinner incapacitated by injury, or deceased.□ Huge medical expenses for a family member. If possible, please provide a rough estimate of monthly medical expenses not covered by insurance. NT$\_\_\_\_\_\_\_\_\_\_\_\_□ Other special situations:   |

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| **Please explain how you are qualified for the scholarship you apply for.[[1]](#footnote-2)** Expand the space if needed and please sign at the end of the last paragraph. |
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| **Faculty’s/Advisor’s Opinion[[2]](#footnote-3)** Expand the space if needed and please sign at the end of the last paragraph. |
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1. Ms. Schaefer Memorial Scholarship criteria: financial need, academic performance, improvement in English, public services and virtuous conducts that demonstrate the vision and educational objectives of the department. Your efforts in self-support will also be considered. For the criteria of the other scholarship, check with the department office. [↑](#footnote-ref-2)
2. Except for the application for the assistantship offered by the school (due early in the semester), the department allows four weeks for you to seek help from advisors or teachers. Please give your advisor/teacher enough time to understand your situations before writing on this form. [↑](#footnote-ref-3)