

(University logo)

Tzu Chi University
Application for Emergency Relief Grant

Last or Family Name First Middle Dept./Inst. Student ID#

Phone Number Address

Please provide your reason(s) for application: _____

Please describe your family and their current situation: _____

For office use only

Academic Adviser

Signature _____ Date _____

Department/Institute

Signature _____ Date _____

Office of International Affairs

Signature _____ Date _____

Office of Humanities

Signature _____ Date _____

Other Office (Specify): _____

Signature _____ Date _____

Office of the President

Signature _____ Date _____