

# Shi Wen-Ling Scholarship Application Form

## Basic Information

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First Name*	<input type="text"/>	Gender*	<input type="text"/>
Middle Name	<input type="text"/>	Email*	<input type="text"/>
Last Name*	<input type="text"/>	Birth Date*	<input type="text"/>
Chinese Name*	<input type="text"/>		

## Basic Information

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Preferred Name	<input type="text"/>	PreferredPhone*	<input type="text"/>
		Mobile Phone	<input type="text"/>
		LINE ID*	<input type="text"/>

## Address

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### Current Mailing Address

Address 1*	<input type="text"/>
Address 2	<input type="text"/>
Country*	<input type="text"/>
District	<input type="text"/>
City*	<input type="text"/>
Postal Code	<input type="text"/>

Is your permanent address the same as your current mailing address?\*  Yes  No

### Permanent Address

Address 1	<input type="text"/>
Address 2	<input type="text"/>
Country	<input type="text"/>
District	<input type="text"/>
City	<input type="text"/>
Postal Code	<input type="text"/>

## Nationality

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Are you currently a national or a citizen of the United States?  Yes  No

Are you currently a national or a citizen of Taiwan?  Yes  No

# Shi Wen-Ling Scholarship Application Form

## Education

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### Higher Education

This section allows multiple entries for each undergraduate and graduate school you have attached.

Since most non-U.S. educational systems do not follow the U.S. model, almost all students and graduates of international medical schools will indicate "None."

None

#### Entry 1

Institution\*  Location\*   
Education Type\*  Field of Study\*   
Degree Expected or Earned\*   
If Yes: Degree  Month  Year   
Dates of Attendance: From Month\*  From Year\*  To Month\*  To Year\*

#### Entry 2

Institution\*  Location\*   
Education Type\*  Field of Study\*   
Degree Expected or Earned\*   
If Yes: Degree  Month  Year   
Dates of Attendance: From Month\*  From Year\*  To Month\*  To Year\*

# Shi Wen-Ling Scholarship Application Form

## Medical Education

This section allows entries for each medical school you have attended.

### Entry 1

Country\*

Institution\*

Degree\*

Degree Month\*

Degree Year\*

Dates of Education

From Month\*  From Year\*  To Month\*  To Year\*

### Entry 2

Country\*

Institution\*

Degree\*

Degree Month\*

Degree Year\*

Dates of Education

From Month\*  From Year\*  To Month\*  To Year\*

## Additional Information

Membership in  
Honorary/Professional  
Societies:

*255 Characters Max*

Medical School  
Awards:

*510 Characters Max*

Other Awards/  
Accomplishments:

*510 Characters Max*

# Shi Wen-Ling Scholarship Application Form

## Experience

### Training

Please add an entry for each of your current or prior trainings. If necessary, please work with your supervisor to determine an end date for a training you are currently completing.

None

#### Entry 1

Type of Training\*

Specialty\*

Institution/Program\*

Country\*

State/Province

City\*

Program Director\*

Supervisor\*

Dates of Residency/Fellowship:

From Month\*  From Year\*  To Month\*  To Year\*

Reason for Leaving:

*510 Characters Max*

#### Entry 2

Type of Training\*

Specialty\*

Institution/Program\*

Country\*

State/Province

City\*

Program Director\*

Supervisor\*

Dates of Residency/Fellowship:

From Month\*  From Year\*  To Month\*  To Year\*

Reason for Leaving:

*510 Characters Max*

# Shi Wen-Ling Scholarship Application Form

## Experience

Please add any additional experience. Clinical and teaching experience should be treated as work experience. Include all unpaid extracurricular activities and committees on which you have served as Volunteer Experience.

None

### Entry 1

Experience Type\*

Organization\*

Position\*

Supervisor

Country\*

State/Province

City\*

Average Hours/Week

Description:  
*1020 Characters Max*

Reason for Leaving:  
*510 Characters Max*

Dates of Experience:

From Month\*  From Year\*  To Month\*  To Year\*

### Entry 2

Experience Type\*

Organization\*

Position\*

Supervisor

Country\*

State/Province

City\*

Average Hours/Week

Description:  
*1020 Characters Max*

Reason for Leaving:  
*510 Characters Max*

Dates of Experience:

From Month\*  From Year\*  To Month\*  To Year\*

# Shi Wen-Ling Scholarship Application Form

## Additional Information

Was your medical education/training extended or interrupted?\*  Yes  No

If yes, please  
provide details.  
510 Characters Max

## Licensure

Please add an entry for any of your medical licenses.

None

### Entry 1

Country\*

License Type\*

License Number\*

Expiration Month\*

Expiration Year\*

### Entry 2

Country\*

License Type\*

License Number\*

Expiration Month\*

Expiration Year\*

## Additional Information

Has your medical license ever been suspended/revoked/voluntarily terminated?\*  Yes  No

If yes,  
please explain:  
510 Characters Max

Have you been named in a malpractice case?\*  Yes  No

If yes,  
please explain:  
510 Characters Max

Is there anything in your past history that would limit your ability to be licensed or would limit your ability to receive hospital privileges?\*

(Note: This section is not intended to solicit information about your health, disability, or family status.)

Yes  No

If yes,  
please explain:  
510 Characters Max

Have you ever been convicted of a misdemeanor in the United States?\*  Yes  No

If yes,  
please explain:  
510 Characters Max

# Shi Wen-Ling Scholarship Application Form

Have you ever been convicted of a felony in the US or Taiwan?\*  Yes  No

If yes,  
please explain:  
510 Characters Max

Are you able to carry out the responsibilities of a resident, intern, or a fellow in the specialties and at the specific training programs to which you are applying, including the functional requirements, cognitive requirements, and interpersonal and communication requirements with or without reasonable accommodations?\*

Yes  No  No Response

Are you Board Certified?\*  Yes  No

If yes, Board Name:

## Publications

Add an entry for each of your publications.

### Peer-Reviewed Journal Articles/Abstracts

Journal Article(s)/  
Abstract(s) Title\*  
255 Characters Max

Author(s)\*

(Last Name, First Initial, Middle Initial)

Publication Name\*

Publication Med-Line Unique Identifier (PMID)

Publication Volume\*

Issue Number\*

Pages\* (e.g., 200-212)

Month\*

Year\*

### Peer-Reviewed Journal Articles/Abstracts (Other than Published)

Journal Article(s)/  
Abstract(s) Title\*  
255 Characters Max

Author(s)\*

(Last Name, First Initial, Middle Initial)

Publication Name\*

Publication Status\*

Month\*

Year\*

# Shi Wen-Ling Scholarship Application Form

## Peer-Reviewed Book Chapter

Chapter Title\*

255 Characters Max

Name of Book\*

Author(s)\*

(Last Name, First Initial, Middle Initial)

Editor(s)\*

(First Initial, Middle Initial, Last Name)

Publisher\*

Pages\*

(e.g., 200-212)

Country\*

State/Province

City\*

Year\*

## Scientific Monograph

Monograph Title\*

255 Characters Max

Publication Name\*

Volume\*

Issue Number\*

(e.g., 200-212)

Author(s)\*

(Last Name, First Initial, Middle Initial)

Year\*

## Other Articles

Title of Other Article\*

255 Characters Max

Author(s)\*

(Last Name, First Initial, Middle Initial)

Publication Name\*

Publication Date\*

(MM/DD/YYYY)



# Shi Wen-Ling Scholarship Application Form

## Poster Presentation

Poster Presentation Title\*  
255 Characters Max

Author(s)/Presenter(s)\*

(Last Name, First Initial, Middle Initial)

Event/Meeting\*

Country\*

State/Province

City\*

Month\*

Year\*

## Oral Presentation

Oral Presentation Title\*  
255 Characters Max

Author(s)/Presenter(s)\*

(Last Name, First Initial, Middle Initial)

Event/Meeting\*

Country\*

State/Province

City\*

Month\*

Year\*

## Peer-Reviewed Online Publication

Online Publication Title\*  
255 Characters Max

Author(s)\*

(Last Name, First Initial, Middle Initial)

URL\*

Publication Date\*

(MM/DD/YYYY)

## Non-Peer-Reviewed Online Publication

Online Publication Title\*  
255 Characters Max

Author(s)\*

(Last Name, First Initial, Middle Initial)

URL\*

Publication Date\*

(MM/DD/YYYY)

## Certification

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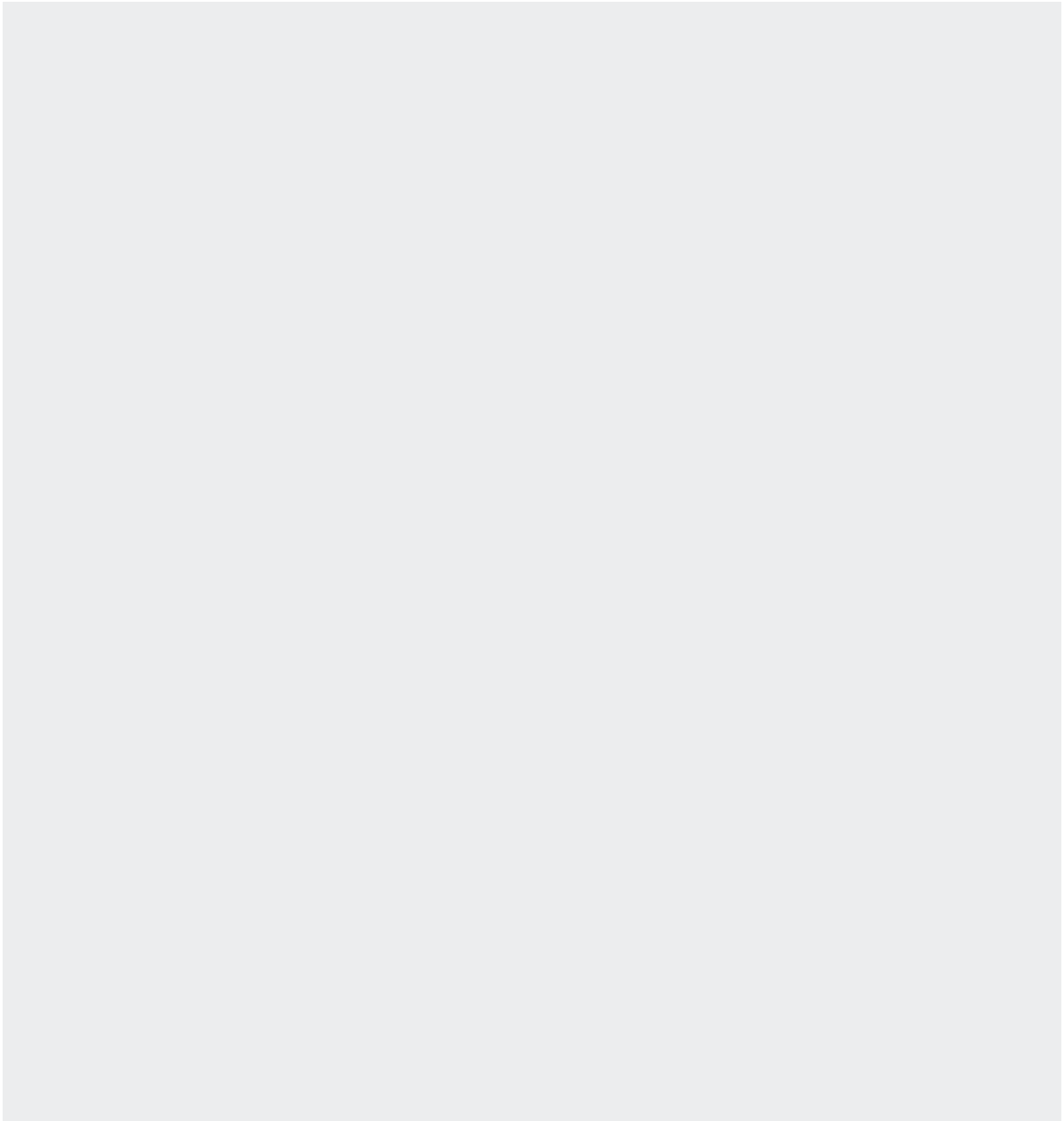
- I certify that the information contained within this application is complete and accurate to the best of my knowledge. I understand that any false or missing information may disqualify me from consideration;

## Essays

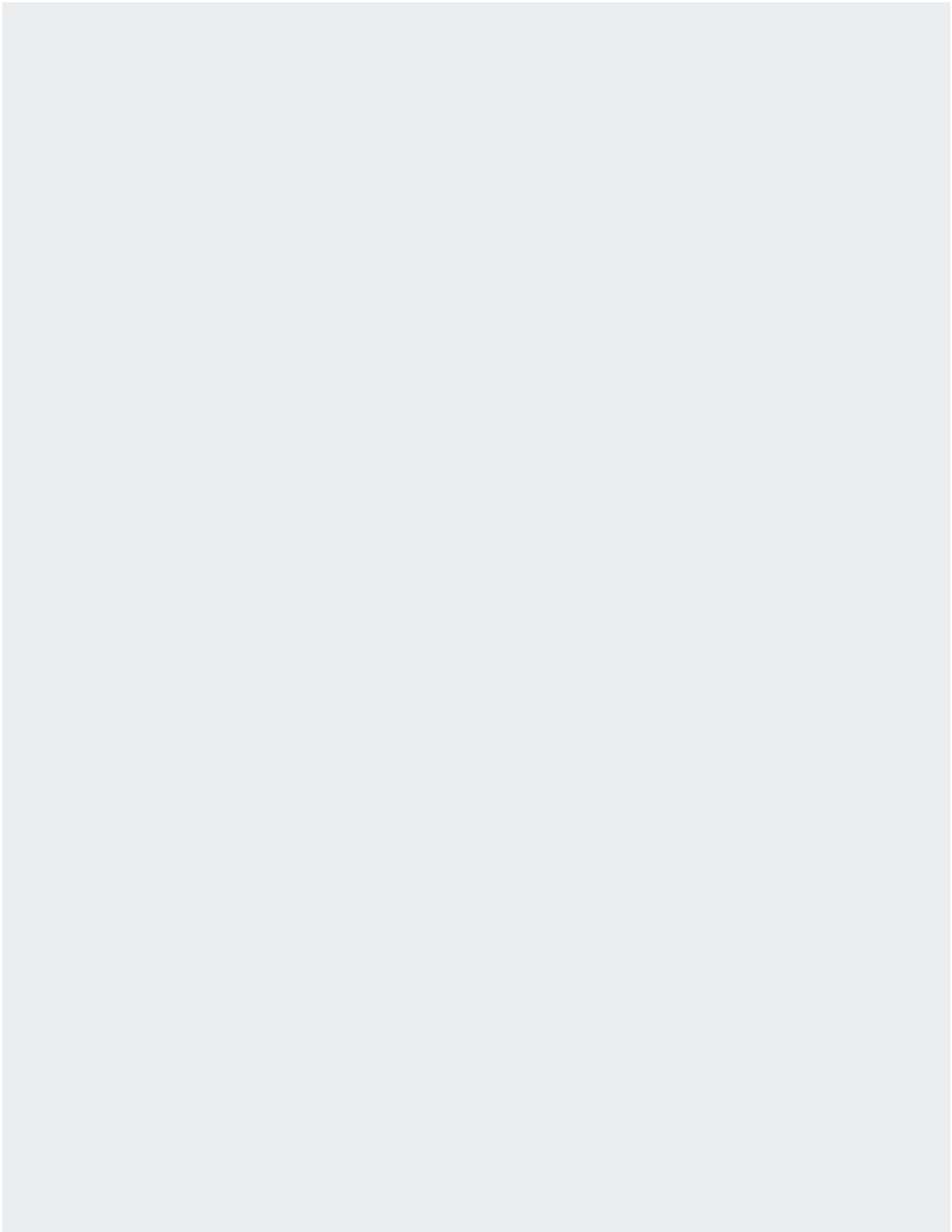
In addition to the personal statement, you are required to prepare answers to the essay questions listed below. You may submit these essays in a separate file if the provided space is insufficient.

### Required Essays

1. Describe a time when you faced a difficult challenge as a healthcare leader. What was the challenge, how did you approach it, and what was the outcome?



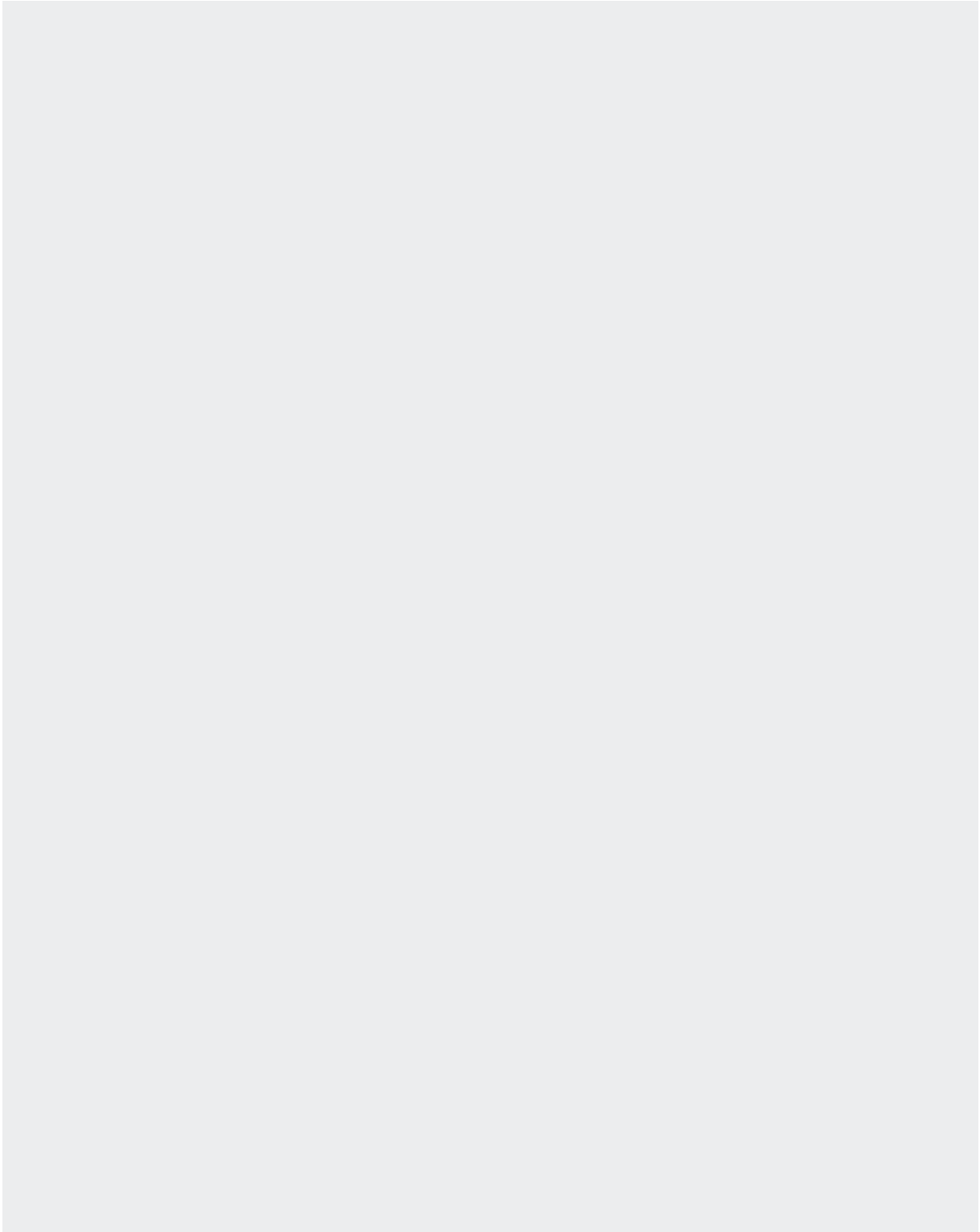
2. In Taiwan's healthcare system, what issue have you witnessed? Additionally, suggest a potential solution to this issue and outline how you could practically address the problem.



## Shi Wen-Ling Scholarship Application Form

3. As a healthcare professional, what specific aspects of the industry sparks your interest and keeps you motivated to learn more? Additionally, how do you stay up-to-date with the latest trends and developments in the field? Share your strategies for staying informed in the ever-evolving world of healthcare.

4. What is your vision for the future of healthcare, and how do you plan to contribute to achieving that vision as a healthcare leader? How does your intended track help with this trajectory?



## Optional Information

5. Through all of the elements of your application, we believe that we get to know you well. Complete this section only if you have critical information you could not convey elsewhere on your application (e.g., extenuating circumstances affecting academic or work performance). (500 words maximum)

