# 2024 SCHOLARSHIP APPLICATION FORM

# Taiwan Medical Mission Visiting Scholarship Program

Name:

Nationality: Somaliland

Date of Birth:

Age:

Gender: Male/Female

Marital Status:

Contact Number: +252-

Email Address:

Mailing Address:

## Education

Institution:

Dates Attended: to

Degree/Certificate: Bachelor’s Degree Field of Study: Medicine or Nursing

## Work Experience

Employer: Hargeisa Group Hospital

Title: Doctor or Nurse

Duration: from to

## Personal Statement

1. A brief summary of yourself:
2. What’s the motivation for your visiting to TMWH? Discuss how receiving the TMM visiting scholarship to train in your specialty area in Taipei would benefit your professional development and enable you to better serve your home country upon return. (1000 words max):

## Reference from the Department Head of

HGH

Name:

Position/Title: Director of ??? Department

Relation: Colleague

Contact:

Signature:

Date:

I certify that the information provided in this application is accurate to the best of my knowledge. I understand that any misrepresentations may warrant disqualification if discovered even after acceptance.

## ————————————————————————————

## Contract of Applicant and HGH

As part of the scholarship application process, I hereby commit to returning to Hargeisa Group Hospital (HGH) after completing my studies abroad and contributing my knowledge and skills to improve patient care in Somaliland. During my time at HGH (**at least one year upon return**), I will prioritize effective knowledge transfer by sharing my experiences and insights with colleagues, participating in training programs, and engaging in continuous learning opportunities. Upon returning to my home country, I pledge to continue serving the healthcare community with dedication and professionalism, utilizing the skills and expertise gained during my scholarship program for the betterment of our nation’s health outcomes.

Applicant Signature:

Date: