# 2024 SCHOLARSHIP APPLICATION FORM

# Taiwan Medical Mission Visiting Scholarship Program

Name: Mohamed Abdi Nationality: Somaliland

Date of Birth: 24-10-1991

Age: 32

Gender: Male

Marital Status: Married

Contact Number: +252-674441234

Email Address: [moabdi@email.com](mailto:moabdi@email.com)

Mailing Address: Road No One, Hargeisa

## Education

Institution: University of Hargeisa Dates Attended: 08-2015 to 09-2022

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

## Work Experience

Employer: Hargeisa Group Hospital

Title: Doctor

Duration: 10-2022 to 02-2024

## 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: Abdi Mohamed

Position/Title: Director of Orthopedic Department

Relation: Colleague

Contact: [amoxamed@ortho.hgh](mailto:amoxamed@ortho.hgh)

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.

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## 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: