SALUD PÚBLICA

PROGRAMA DE BECA MOFA 2026 BECA COMPLETA

Programa de beca ofrecido por el Ministerio de Relaciones Exteriores de la República de China (Taiwán).

- Período de **2 a 4** años de estudios.
- Las carreras se estudian **EN INGLES**.
- El solicitante solamente podrá elegir entre las carreras que aparecen en el listado establecido.
- **Podrán informarse sobre las carreras y universidades en: http://www.studyintaiwan.org/**
- Fecha de aplicación de enero al 31 de Marzo, 2026
- Los interesados deberán aplicar a través de SEGEPLAN.
- Los expedientes deben ser presentados en hojas tamaño A4, no se aceptará otro tamaño.

Requisitos:

- De nacionalidad guatemalteca
- Copia de documento de identificación.
- Certificado de inglés internacional (Toefl, Michigan o Versant).
- 2 cartas de recomendación. (traducción libre)
- Título y certificado de notas (traducción libre) con los pases de ley:

Ministerio de Educación

Ministerio de Relaciones Exteriores

Embajada de la República de China (Taiwán)

- Plan personal de estudios
- Carta de compromiso.

Beneficio de la beca:

- Boleto Aéreo
- Hospedaje
- Alimentación
- Estipendio mensual (varía dependiendo del programa)
- Costo del programa

Restricciones

- No ser estudiantes de nacionalidad taiwanesa ni contar con el carácter de chino ultramar.

- No estar recibiendo ninguna beca por parte de instituciones o de entidades o agencias del gobierno de Taiwán.
- No ser estudiantes de intercambio admitidos por algún convenio de cooperación académica entre universidades locales y extranjeras.
- No haber contado con anterioridad con una beca que hubiera sido cancelada.
- No haber recibido otra beca del mismo tipo o de Beca Taiwán.

外交部臺灣獎學金申請表

Application Form The MOFA TAIWAN Scholarship in 2026 public health (Rellenar digitalmente)

Applicants should fill out this application form clearly and accurately. Detailed answers are required in order to make the most appropriate arrangements. If necessary, additional pages of the same size may be attached. 本表請申請人詳實工整填寫，慎勿遺漏，以利配合作業，如有需要，申請人可自行以同款紙張加頁說明.

Please check: 請選以下選項

Which type of scholarship are you applying for?

- □ **Undergraduate Scholarship 大學獎學金**
- □ **Master Scholarship 碩士獎學金**
- □ **Doctoral Scholarship 博士獎學金**

Do you need to attend a Mandarin Language Enrichment Program (this must be undertaken during the first year) (是否先修華語？華語課程必須在抵臺第一年研修)? □ Yes □ No If Yes, please fill in the name of the language center in part 6 on page 3

1.Personal information 個人基本資料

a. Name 姓名	Title 稱謂: Mr./Mrs./Ms. Surname (Last name)姓: Given Name(s)名:	Please attach a recent photograph (taken within the last 3 months). 最近3個月相片
b. City and country of birth 出生.城市及國別		
c. Nationality 國籍	*Note: If one or both of your parents was an ROC national at the time of your birth, you are also an ROC national and therefore not eligible to apply.	
d. Sex 性別	□ Male 男 □ Female 女	
e. Marital status 婚姻狀況	□ Single 單身 □ Married 已婚	
f. Date of birth 生日	(Day 日 / Month 月 / Year 年):	
g. Parents 家長資料	Father 父	Mother 母
1.Name 姓名		
2.Nationality 國籍		
3.Place of birth 出生地		
4.Job Position 職業		
5.Lives (Vive) 存、歿	□ Yes □ No	
6.Live with parents 與父母同住	□ Yes □ No	

7.Who offers tuition fee?學費來源	
h. Contact information 聯絡地址、電話、電郵	Mailing address (if different from above)郵寄地址: Telephone 電話: Email 電子郵件: Cell phone 手機:
i. Have you ever resided in Taiwan?居住臺灣	□Never 否; □Yes, from (dd/mm/yr) to (dd/mm/yr).是，起迄日期 Reason for residence 居住事由:
j.Have you received a Taiwan Scholarship or Huayu Enrichment Scholarship before?臺灣獎學金/華語文獎學金受獎紀錄	□No 無; □Yes, from (dd/mm/yr) to (dd/mm/yr);是，起迄日期 Type(s) of Scholarship:
k. Health condition 健康狀況	□ Excellent □ Good □ Fair
l. Chronic diseases 慢性病	□ None 無 □ Yes 有 Please specify 請指明:
m. Contact person in case of emergency 緊急事件聯絡人	Name 姓名: Relationship 關係: Address 地址: Telephone 電話: Email 電子郵件: Cell phone 手機:

2.Language proficiency 語言能力

Language proficiency 語言能力	Comprehension 聽			Reading 讀			Writing 寫			Speaking 說		
	Excellent 優	Good 良	Fair 可	Excellent 優	Good 良	Fair 可	Excellent 優	Good 良	Fair 可	Excellent 優	Good 良	Fair 可
Chinese												
English												
Other, please state												

3. Education and training 教育背景

Level	School name 學校名稱	Subject 研修領域	Qualification (Certificate/ Diploma/Degree)資格	Country and place 地點	Year obtained 取得證書時間
Elementary School					
Middle School					
High school					

4.References 推薦單位 (人) 資料

Name 姓名	Position 職務	Telephone, email or mailing address 電話及電郵地址

5.Employment/Job experience (use one row for each position) 工作經歷

Position 職務	Company/Organization 機構名稱	Period of employment 服務期間	Responsibilities 工作說明

6.Language center and/or university/department which you plan to attend in Taiwan 擬就讀之語文中心或/及大學校院系所

University affiliated language center:
University/college and department:

7.RECOMMENDATIONS OF LOCAL AUTHORITY OR ORGANIZATION (e.g. Government Agency, Educational Institute, Think Tank, International Organization, Non-governmental Organization) 駐地推薦單位，如駐在國政府機關、教育或研究機構、智庫或非政府組織

Comments on applicant:

Responsible official: Title_____ Signature:_____

Name:_____ Date:_____

8. Please briefly state (itm-by-item description) your study plan while in Taiwan 請簡述在臺讀書計畫

9. DECLARATION: I hereby declare that:

- ☐ The information I have provided in this document is true and accurate. I understand that any false information will disqualify me from the program, even if it is already in progress.
- ☐ I am not suffering from any serious disease and am not hindered by any illness or disability.
- ☐ I am neither an ROC national, nor an overseas compatriot of the ROC.
- ☐ I am not currently undertaking studies in Taiwan at the same educational level as the scholarship type for which I am applying.
- ☐ I am not applying for this scholarship as an exchange student through an agreement signed between an educational institution in Taiwan and an educational institution outside of Taiwan.
- ☐ I consent to the information provided in this application form being made available to ROC government agencies for scholarship-related matters once I become a Taiwan Scholarship recipient.

Applicant's signature

Date

_____ / _____ / _____

Day 日 / Month 月 / Year 年

ETIQUETA DE IDENTIFICACIÓN PARA EXPEDIENTES

EXPEDIENTE No.	NOMBRE POSTULANTE	1
3	Juan Pérez Ejemplo	
	PROGRAMA AL QUE APLICA	2
4 ORIGINAL	**MOFA /SALUD PÚBLICA**	

EXPEDIENTE No.	NOMBRE APLICANTE	
	PROGRAMA AL QUE APLICA	
	MOFA /SALUD PÚBLICA	

El postulante deberá rellenar los campos vacíos a máquina o computadora tal como aparece en el ejemplo, recortar la etiqueta (14 cm X 5 cm) y pegarla en su expediente en la esquina inferior del folder.

1. Colocar nombre completo del postulante
2. Colocar nombre del programa de beca al que va aplicar (MOFA o ICDF)
3. Espacio exclusivo para uso de la Embajada, favor dejarlo en blanco.
4. Escribir si su expediente es original o es copia