

Scholarship Application Form

Academic year 2020

About Applicant

- Mr./Ms.....Student ID. No.....
Cumulative GPA.....as of.....
- Registered Address.....
.....
- Contact Address (if different from above).....
.....
- Tel. No.....MobileEmail.....
- Thammasat co-op saving account

Education Background

- Elementary School Level GPA.....
From.....City/Country.....
- High School Level GPA.....
From..... City/Country.....

Family Background

- Father's Name.....Age.....years
() Alive () Departed
Occupation.....Position/Title.....
Monthly Salary.....
Office Address.....
Tel. No.....
- Mother's Name.....Age.....years
() Alive () Departed
Occupation.....Position/Title.....
Monthly Salary.....
Office Address.....
Tel. No.....

Occupation/Education of Siblings

No.	Gender	Age	School/University/Office	Education	Aver. Monthly Salary, (if working)
1					
2					
3					
4					
5					

Guardianship

- Guardian of Applicant's name.....
Relationship.....
- Address.....
.....Tel. No.....
- Occupation.....
Office Address.....
Tel. No.....
- How many persons under his/her guardianship?persons

Scholarship granted

Scholarships (TU Sources)

- Academic Year.....Scholarship.....Amount.....Baht
- Academic Year.....Scholarship.....Amount.....Baht

Scholarships (Non-TU Sources)

- Academic Year.....Scholarship.....Amount.....Baht
- Academic Year.....Scholarship.....Amount.....Baht

Student Loans

- Academic Year.....Scholarship.....Amount.....Baht

Extra Activities (please also explain your job description briefly)

- Academic Activities.....
.....
- Social Activities.....
.....
- Sport Activities.....
.....

Reference (e.g. close friend/relative/advisor)

- Name.....Relationship.....
Current Address.....
.....Tel. No.....

Other Skills (e.g. Typing, Accounting, Computer, Arts)

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Special Health Care needed (please be kindly noted that the information as per health care problem will not affect the committee's decision upon granting the scholarship.)

- Chronic disease () Yes..... () No
- Other illnesses (that may interrupt your studies).....
- Family Problem.....

Academic Advisor's Name.....

I, hereby, declare that the information appears on this form is true, and that upon being granted a scholarship, I would be willing to assist Thammasat University and relating agencies in activities assigned by the faculty where appropriate.

(Signature).....Applicant

(.....)

Date:.....

Map of your current address/your guardian's address