



Thammasat University

www.be.econ.tu.ac.th

Scholarship Application Form

Academic year 2017

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)

.....

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