



Application for Scholarship
International College Chiang Mai Rajabhat University
Academic year 2025

Note: If you provide false information, it will not be considered.

1. Name – Surname

Student ID Year

Program

Identification Card Number - - - -

Date of birth / month / year - -20

Address by place of residence

.....

Current address.

.....

Mobile phone number

E-mail address

Apply for the **Type 3** scholarship: Academic Excellence

Type 4 scholarship: Reputation Awards

Academic Sports Music

2. Occupation and income information

2.1 Father

Still alive Age years Passed Away

Occupation Please specify

Less than 50,000 baht / year 250,001 – 360,000 baht / year
 50,000 – 150,000 baht / year above 360,001 baht / year
 150,001 – 250,000 baht / year

2.2 Mother

Still alive Age years Passed Away

Occupation Please specify

Less than 50,000 baht / year 250,001 – 360,000 baht / year
 50,000 – 150,000 baht / year above 360,001 baht / year
 150,001 – 250,000 baht / year

2.3 Guardian (if not parents) please specify relationship

Still alive Age years Passed Away

Occupation Please specify

Less than 50,000 baht / year 250,001 – 360,000 baht / year
 50,000 – 150,000 baht / year above 360,001 baht / year
 150,001 – 250,000 baht / year

2.4 Students

Receive monthly expenses of baht.

from father mother parent other

In case of working part-time, monthly income is baht.

Workplace Position

3. Parental status

married divorce separated by occupation
 stay together Others (specify).....

4. There are siblings (including myself)

Number of siblings who are studying (including students) persons

No.	Gender	Age	Year	Educational institutions

Number of siblings who are working: persons

No.	Gender	Age	Educational qualification	Workplace	Monthly income (baht)

5. Student's home contact telephone number

5.1 Father's telephone number

5.2 Mother's telephone number

5.3 Parent's telephone number

6. Cumulative Grade Point Average (GPAX)

7. Awards received

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8. Health

completely strong Have a chronic disease (Please specify)

Disability (Please specify)

9. Scholarship / Student Loan Fund (SLF)

Have received a scholarship (within 2022 - 2024)

Academic Year	Type (Continuous / Discrete)	Scholarship Name	Amount (baht)

Never received any scholarship

I hereby certify that all of these statements are true. If it later appears that a false statement has been certified, I accept responsibility for any damages that may occur. I have also attached the following documents for your consideration.

Signed Applicant

Signed Guardian

(.....)

(.....)

Date Month..... Year

Date Month..... Year

