



Application No: .....

Attach photo here (size 1")

MAE FAH LUANG UNIVERSITY Scholarship Application Form

Bachelor's Degree Master's Degree

1. APPLICANT INFORMATION

Form with fields: First Name, Middle Name, Last Name, Passport Number, Place of Issue, Date of Issue, Expiration Date

2. PERSONAL DETAILS

Form with fields: Nationality, Religion, Place of Birth, Age, Date of Birth, Blood Group

(a) Address

Form with fields: Permanent Address, Telephone (Home), Telephone (Mobile), Fax, Email, Postal Code

(b) Current address used for postage (if different from permanent address)

Form with fields: Current Address, Telephone (Home), Telephone (Mobile), Fax, Email, Postal Code

(c) Contact person (in case of emergency)

Form with fields: Name, Telephone

3. EDUCATIONAL BACKGROUND

3.1 List all schools or colleges you are currently attending or have previously attended beginning with the most recent.

Table with columns: Name of School, College, University, City/Country, Start Date, Finish Date, G.P.A., Award Granted

\*\*\*Please Note: If you are applying as a transfer student, please add all descriptions of the courses you would like to be transferred as an attachment to the application, so they may be reviewed by the appropriate departments.

Table with columns: Name and Description of Previous Awards or Scholarships, Date Received

Table with columns: Name and Description of Previous Extra-Curricular Activities, Date Attended

\*\*\*Please add additional sheets of paper as an attachment to the application if space is insufficient.

3.2 English Language Proficiency Test (For Non-Native English Speakers)

Table with columns: English Proficiency Tests, Best Scores, Date Taken

\*\*\* If you do not have English Proficiency Test results, an Intensive English Course at Mae Fah Luang University is required.

3.3 Details of Language Abilities

Table with columns: Language, Level of Proficiency (Excellent, Good, Fair), Listening, Speaking, Reading, Writing

**4. PROPOSED PROGRAMME OF STUDY**

(Example: School of Management, Bachelor of Business Administration in Tourism Management)

|             |  |    |  |
|-------------|--|----|--|
| School of   |  |    |  |
| Bachelor of |  | in |  |
| Master of   |  | in |  |
| Doctor of   |  | in |  |

Proposed starting date of study

|                      |                      |   |                      |                      |   |                      |                      |                      |                      |
|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date                 |                      |   | Month                |                      |   | Year                 |                      |                      |                      |

**5. FAMILY INFORMATION**

- Father and Mother live together
- Father and Mother do not live in the same place because of the occupation
- Father and Mother are divorced
- Father is deceased
- Mother is deceased
- Currently you live with .....

**(a) Father's information**

|                   |  |                    |  |
|-------------------|--|--------------------|--|
| Father's Name     |  | Nationality        |  |
| Religion          |  | Occupation         |  |
| Permanent Address |  |                    |  |
|                   |  | Postal Code        |  |
| Telephone (Home)  |  | Telephone (Mobile) |  |
| Fax               |  | Email              |  |

**(b) Mother's information**

|                   |  |                    |  |
|-------------------|--|--------------------|--|
| Mother's Name     |  | Nationality        |  |
| Religion          |  | Occupation         |  |
| Permanent Address |  |                    |  |
|                   |  | Postal Code        |  |
| Telephone (Home)  |  | Telephone (Mobile) |  |
| Fax               |  | Email              |  |

**6. FAMILY FINANCIAL INFORMATION**

|                             |  |           |
|-----------------------------|--|-----------|
| Total Family's Income       |  | per month |
| Total Family's Expenditures |  | per year  |
| Total Family's Obligation   |  | per month |

**7. REFERENCES (please give the name of two references)**

**(a) Reference**

|                             |  |                    |  |
|-----------------------------|--|--------------------|--|
| Name                        |  | Position           |  |
| Address                     |  |                    |  |
|                             |  | Postal Code        |  |
| Telephone (Home)            |  | Telephone (Mobile) |  |
| Fax                         |  | Email              |  |
| Relation with the applicant |  |                    |  |

**(b) Reference**

|                             |  |                    |  |
|-----------------------------|--|--------------------|--|
| Name                        |  | Position           |  |
| Address                     |  |                    |  |
|                             |  | Postal Code        |  |
| Telephone (Home)            |  | Telephone (Mobile) |  |
| Fax                         |  | Email              |  |
| Relation with the applicant |  |                    |  |

**8. REASON TO APPLY FOR THE SCHOLARSHIP (please describe reason to apply for the scholarship in 500 words)**

**9. SUPPORTING DOCUMENTS (In English)**

Only one copy of each document is required. All documents should be in English or have a certified translation. Originals of documents should not be sent. *Tick boxes where appropriate.*

| <i>Enclosed</i>          | <i>To Follow</i>         |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | A completed application form                             |
| <input type="checkbox"/> | <input type="checkbox"/> | A single 1-inch photograph                               |
| <input type="checkbox"/> | <input type="checkbox"/> | A copy of original Passport                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Academic Transcripts from high school level and above    |
| <input type="checkbox"/> | <input type="checkbox"/> | Graduation Certificates from high school level and above |
| <input type="checkbox"/> | <input type="checkbox"/> | English proficiency score report (TOEFL, IELTS) if any   |
| <input type="checkbox"/> | <input type="checkbox"/> | Doctor's Medical Report (certification)                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (please list).....                                 |

I certify all of the above information and statements to be true and correct.

Applicant's Signature.....

|      |   |       |   |      |
|------|---|-------|---|------|
| Date | / | Month | / | Year |
| □□   |   | □□    |   | □□□□ |

How did you hear about Mae Fah Luang University?

- |   |  |                                     |
|---|--|-------------------------------------|
| <input type="checkbox"/> Online         | <input type="checkbox"/> Embassy       | <input type="checkbox"/> University |
| <input type="checkbox"/> MFU Newsletter | <input type="checkbox"/> From a Friend | <input type="checkbox"/> Other..... |

Send the completed application form to the International Student Office by post, fax, or email to one of the addresses listed below:

**Address:**  
**International Student Office**  
 International Affairs Division  
**Mae Fah Luang University**  
 Chiang Rai 57100 Thailand

**Need Help? Contact us!**

**Tel:** +66 (0) 5391 6090  
**Fax:** +66 (0) 5391 6023  
**E-mail:** inter@mfu.ac.th  
**Web:** www.mfu.ac.th  
**Facebook:** facebook.com/inter.mfu