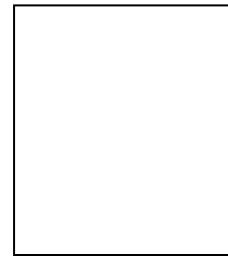


No.

(For Officer)



Application Form
'Young Scientist' Scholarship
Scholarship for Talented Students
Academic Year 2024

- Type 1: Tuition Fee Support
Type 2 Tuition Fee and Monthly Financial Support

1. NAME (Mr,Mrs,Miss).....Surname.....Student ID.....

2. Degree Name:.....Major.....Department

3. Student Status

Student (passed the minimum English language requirement)

English Examination Results.....

Provisional Student (failed / have not taken the English language examination)

4. Date of Birth.....Age.....Nationality.....

5. Home Address.....

Tel.

6. Marital Status

7. Work Address

Tel.

8. Father Name.....Surname.....Occupation.....

Place of WorkTel.

9. Mother Name.....Surname.....Occupation.....

Place of WorkTel.

10. Academic Background (Bachelor Degree and above)

Table with 5 columns: Year, Academic Institute, Degree, GPA, Placement. It contains three rows of dotted lines for data entry.

11. Research Interest

.....
.....
.....
.....
.....

12. Research Experience

.....
.....
.....
.....

13. Do you currently receive monthly wages? (Civil Servants / Government Officers / Private Organizations)

- I do not receive monthly wages.
- I receive monthly wages.

14. Do you currently receive academic scholarship?

- I do not receive any academic scholarship
- I receive the scholarship (Name)Amount.....baht
Duration.....

15. Contact Address
.....Tel.....

I certify that the above statements are true.

.....(Applicant)
(.....)
...../...../.....

Require Documents

1. One Photograph
2. One Copy of Academic Transcript
3. One Letter of Recommendation from Former Teacher

(For Advisor / Program Chairperson)

Endorsement and Remarks of the Advisor / Program Chairperson

I, Position Faculty.....
endorse that Mr. / Ms. Program
possesses the qualifications according to the Faculty of Science, Mahidol University Announcement, Subject:
Scholarship for Young Scientists for Academic Year 2024 (B.E. 2566) and has the latest GPA of
Student Remarks (Behavior and conduct, interests, and other related information to be considered)

.....
.....
.....

Advisor / Program Chairperson

.....
(.....)

Date.....Month.....Year.....

(For the Scholarship Consideration Committee)

Scholarship Consideration Result

1. Qualified

Type 1: Tuition Fee Support

Type 2: Tuition Fee and Monthly Financial Support

2. Not Qualified

Sign

(.....)

Scholarship Consideration Committee

Date.....Month.....Year.....