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Application Form

Scholarship for Master of Public Health (MPH)

International Program

at Khon Kaen University, Thailand

Photo

**Please make sure that you have attached the required supporting documents before submitting this application by email to** [**scholarships@cpintl.org**](mailto:scholarships@cpintl.org)

**Please complete all sections in BLOCK CAPITALS**

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| **SECTION I: PERSONAL INFORMATION** |

Title Choose an item.

First Name : Click here to enter text. Middle Name: Click here to enter text. Family Name: Click here to enter text.

Gender  Male Female Date of Birth (DD/MM/YY) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Country of Birth Click here to enter text.

Nationality Click here to enter text. Religion Click here to enter text. Marriage Status Choose an item.

Passport Number Click here to enter text. Issue Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address in home country Click here to enter text.

Province/ City Click here to enter text. State Click here to enter text. Country Click here to enter text. Postcode Click here to enter text.

Tel. Click here to enter text. Fax. Click here to enter text. Email Click here to enter text.

Correspondence Address (if different from the above) Click here to enter text.

Province/ City Click here to enter text. State Click here to enter text. Country Click here to enter text. Postcode Click here to enter text. Tel. Click here to enter text. Fax. Click here to enter text. Email Click here to enter text.

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| **SECTION II: EDUCATIONAL BACKGROUND** |

Please provide details of your relevant educational background. Please attach transcripts as supporting documentation.

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| --- | --- | --- | --- | --- |
| Degree/Certificate | Subject / Major | School / Institution / University Country | Date Received | G.P.A. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Choose an item. |

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| **SECTION III: CAREER HISTORY** |

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| --- | --- | --- | --- |
| Period of Employment | Employer | Position and Field of Work | Employer Address (City/ Country) |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| **SECTION IV: FINANCIAL SUPPORT** |

Please specify your financial sources supporting your studies at Khon Kaen University for travel and accommodation along with the copies of bank statements and/or other relevant financial documents:

Self

Family

Organization (Please State) : Click here to enter text.

Scholarship (Please state) : Click here to enter text.

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| **SECTION V: ACADEMIC OBJECTIVES** |

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| Please state your academic objectives in the space given below (e.g. the title of your research proposal). |
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| **SECTION VI: LANGAUGE PROFICIENCY** |

Is English your first language? Yes  No

**If English is not your first language, you will need to provide evidence of English proficiency that meets minimum requirements of Khon Kaen University. If you have taken an English proficiency test (e.g. IELTS, TOEFL) within the last two years and the results exceeds our minimum requirements, please enclose your test results as supporting documentation with this application. If you do not have these results available, you will need to sit the Khon Kaen University (KKU) English test after enrollment at the Faculty of Public Health. For more details, please read the Admission Requirements on KKU’s Graduate School website** <https://activerecruit.kku.ac.th/> **.**

Please specify the details of any relevant English proficiency tests you have taken:

Name of Test : Click here to enter text. Date Taken \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Score : Click here to enter text.

Name of Test : Click here to enter text. Date Taken \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Score : Click here to enter text.

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| **SECTION VII: REFERENCES** |

Please list two referees, one academic and one professional, (e.g. a teacher, advisor, work supervisor). Seal the Reference Statements (IRO form 2) in envelopes and attach with your application form.

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| --- | --- | --- | --- | --- |
| No. | Referee Name | Position | Address of Referee | Tel./ Fax. |
| 1. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 2. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

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| **SECTION VIII: FINAL CHECKING** |

Please make sure that have enclosed all the relevant documents with your application:

One copy of application form with photograph

Two Letters of recommendation in signed and send together with application (IRO Form 2)

Bachelor Degree Certificate and Transcripts

English proficiency test (if any)

Other documents (please specify) Click here to enter text.

**I declare, to the best of my knowledge, that the information provided on this application form and other supporting documents are correct and complete. I acknowledge that the misrepresentation of information and documentation may cause the cancellation of my scholarship application and admission to Khon Kaen University, Faculty of Public Health.**

**Applicant’s Signature Shape

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**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| CPI-KKU FPH SCHOLARSHIP COMMITTEE USE ONLY Application No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Scholarship Selection Committee Decision:  Approve Reject Withdrawn Defer  Date of **offer** to applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of **rejection** letter to applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Officer signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |