Page | 1

**SEAOHUN SCHOLARSHIP APPLICATION 2018**

**Application Package:**

Before submitting the application, please thoroughly check on the completion of all necessary documents\*:

1. The application must be endorsed and signed by the Head at your employed unit or Head of Department or Faculty Dean in case of students
2. Proof of acceptance from the Master’s Degree program
3. A one- or two-page resume (Education, working experience, and highlights of professional achievements)
4. A vision statement not to exceed 500 words (Calibri, 12 points) that describes how you will apply the knowledge gained from your studies in your career and how it will contribute to the application of One Health principles
5. Academic Transcript of Bachelor’s Degree with grade/ score description
6. Master’s Degree Program’s description and modules
7. A copy of the photo page of your valid passport

\*All documents must be in English or provided with English translation

**Application Submission:**

|  |
| --- |
| Ms. Jutamart Jattuchai (May), Email: [jutamart+scholarship@seaohun.org](mailto:jutamart+scholarship@seaohun.org) |

**APPLICATION FORM**

**A. PERSONAL INFORMATION:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Legal Name: Mr./ Mrs./ Miss | | | | | |
|  |  | | |  | |
| (First) | (Middle) | | | (Last) | |
| Birth of Date: dd/mm/yyyy | Gender: | | | Nationality: | |
| Email Address: |  | | |  | |
| Current Address: |  | | | | |
| City/Country: |  | | | | |
| Tel. (with country code): | Home: | | | | Mobile: |
| Academic Title (if applicable): |  | | | | |
| Current Position: |  | | | | |
| Unit/Department/ Faculty: |  | | | | |
| Organization:  (with English name) |  | | | | |
| Organization Types: | Academia | Government | | | |
| NGOs | Private Company/Business | | | |
| Other (specify): | | | | |
| Passport: | Passport no.: | | | | |
| Issue Date: | | Expiry Date: | | |
| Possibility of Partial Scholarship: | Would you be able to study if you are granted only tuition fee? | | | | |
| YES | NO | | | |
| Would you be able to study if you are granted only stipend? | | | | |
| YES | NO | | | |

**B. ACADEMIC QUALIFICATIONS:**

|  |  |  |
| --- | --- | --- |
| Name of the Bachelor’s Degree: | Full Name: | |
| Abbreviation: | |
| Academic Qualification: | Major: | |
| CGPA: | |
| Program Duration: | Program Duration (years): | |
| From (M/Y): | To: |
| Degree Awarded (D/M/Y): | |
| Faculty: |  | |
| University: |  | |
| Country: |  | |

**C. STUDY PLANS:**

|  |  |
| --- | --- |
| Name of Master Degree: |  |
| Faculty: |  |
| University: |  |
| Country: |  |
| Annual Tuition Fee:  (please specify currency) |  |
| Contact person of Program:  (or program coordinator) | Name: |
| Position: |
| Email address: |
| Website Address of Program in English: |  |
| Commencement month: |  |
| Graduation month: |  |

**D. Signatory Part:**

**Signature/Name of applicant:**

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Signature Date

|  |  |
| --- | --- |
| Name: |  |
| Position: |  |
| Organization: |  |

**This application is endorsed and signed by**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

|  |  |
| --- | --- |
| Name: |  |
| Position: |  |
| Organization: |  |