



ASIA-PACIFIC INTERNATIONAL UNIVERSITY

Mr. & Mrs. Leong-Chin Thongtan Memorial Scholarship

STUDENT SCHOLARSHIP FUND MANAGEMENT

Mr. & Mrs. Leong-Chin Thongtan Memorial Scholarship Fund give THB 50,000 in scholarship grants per recipient per year for 12 recipients, regardless of their faculty affiliation, selected in the month of February each year from the year 2023 until 2027. This will be the initial establishment of a student scholarship fund that will be granted to needy students.

STUDENT SCHOLARSHIP SELECTION CRITERIA AND PROCEDURE

1. Must be a financially needy student.
2. Demonstrate a positive attitude and good moral character.
3. Maintain a CGPA of 2.5 or higher by the end of each academic year.
4. Participates in the student work program for at least 12 hours a week and in addition works at least 30 hours per year voluntarily for either community work, church, dormitory, or faculty.

The scholarship applies to all students, regardless of their nationality, religion, or program of study, except for first-year students.

Application Process:

1. Students can apply from today until January 31st 2024 to their faculty dean, or Ms. Phatcharada Wilaisak, the Advancement Assistant in the Marketing Office.
2. The student should fill out the application form and submit a short essay explaining their need.



Mr. & Mrs. Leong-Chin Thongtan Memorial Scholarship Fund

Please fill out this application form in blue or black ink only. This application form should be returned to the Marketing and Advancement office at AD108 (Ms. Phatcharada Wilaisak) or emailed to phatcharada@apiu.edu

Photo

Application Date [dd/mm/yyyy]: _____

SECTION 1: APPLICANT INFORMATION	
Full Name: Mr/Ms _____ Date of Birth: [dd/mm/yyyy] _____ Nationality: _____	Student ID: _____ E-mail: _____ Mobile No: _____
Residency <input type="checkbox"/> Dorm Student <input type="checkbox"/> Eve Hall <input type="checkbox"/> Esther Hall <input type="checkbox"/> Ruth Hall <input type="checkbox"/> Solomon Hall <input type="checkbox"/> Elijah Hall	<input type="checkbox"/> Day/Married Student Address: _____ _____ _____
SECTION 2: ACADEMIC INFORMATION	
Program of Study <input type="checkbox"/> International Program <input type="checkbox"/> Thai Program	Faculty: _____ Major: _____ CGPA: _____
Student Classification <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior	
SECTION 3: PARENTS INFORMATION	
Father's Name: _____ <input type="checkbox"/> Living <input type="checkbox"/> Deceased MARITAL STATUS (<i>check if applicable</i>): <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated Occupation: Annual Income: Address: _____ _____ Email address: _____ Mobile No.: _____	Mother's Name: _____ <input type="checkbox"/> Living <input type="checkbox"/> Deceased MARITAL STATUS (<i>check if applicable</i>): <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated Occupation: Annual Income: Address: _____ _____ Email address: _____ Mobile No.: _____
GUARDIAN'S DETAILS (IF APPLICABLE)	
Name: Mr/Ms _____ Email: _____ Mobile No.: _____ Address _____	



SECTION 4: FINANCIAL INFORMATION

What are the sources of funding your tuition? Select all that apply:

- Family or Relatives Private Sponsor Student Work Program
 Government Loan Organization Sponsor Working outside

Are you currently applying for financial aid elsewhere? No Yes, provide details below:

SECTION 5: STUDENT ACTIVITIES

Are you currently involved in any of the following?

Faculty Activities [clubs, programs, assembly, etc.]	<input type="checkbox"/> No <input type="checkbox"/> Yes, provide details below:
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Community Service	<input type="checkbox"/> No <input type="checkbox"/> Yes, provide details below:
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Volunteer Projects	<input type="checkbox"/> No <input type="checkbox"/> Yes, provide details below:
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Applicant Declaration

By signing this form, I certify that I have provided true and accurate information. I understand that my application will not be processed unless it is complete and all required documentation is attached. I also give consent for this information to be shared with the scholarship selection committee.

Student Signature: _____ Date: _____

Scholarship Selection Committee Use Only:

Application received: Yes No

Cover Letter received: Yes No

Scholarship Approved Amount: _____

Action No. _____

Academic Year: _____

Scholarship Committee Chair Signature: _____ Date: _____

Scholarship Committee Officer Signature: _____ Date: _____