



Scholarship Aid Application for Students
Affected by Coronavirus 2019 (COVID-19) Crisis
Round 2

for Bachelor’s Degree Students
Chulabhorn International College of Medicine students

Section 1: Applicant’s Information

Name: (Mr. /Ms.).....Student ID
Who is studying in (list program).....
Current Address: Number:.....Building/Village.....
Lane/Road..... Sub-district.....
District.....Province.....Postal.....
TelephoneE-mail

Section 2: Required information for scholarship consideration

1. Student has been diagnosed with coronavirus 2019 (COVID-19) and currently recovering at the hospital or fully healed.

- Yes, I am currently recovering at the hospital.
- Yes, I am now fully recovered.
- No, I have not been infected with coronavirus 2019 (COVID-19).

2. Your parents have been diagnosed with coronavirus 2019 (COVID-19) and is currently recovering at the hospital or fully healed.

- Yes, he or she is currently recovering at the hospital.
- Yes, he or she is fully recovered.
- No, none of them is contracted to coronavirus 2019 (COVID-19).

3. Has any of your immediate family members which includes father, mother, siblings or yourself contracted coronavirus 2019 (COVID-19) and has been evaluated and recommended by a doctor to self-quarantine for 14 days or more.

- Yes
- No

4. Have you or your parents father or mother (or any of your primary caregiver been laid off or experienced loss of income due to the economic crisis following the coronavirus 2019 (COVID-19))?

- Yes, he or she has been laid off and/or their workplace has been shut down.
- Yes, he or she has been suspended without salary indefinitely.
- Yes, he or she has had a salary cut of at least 50% indefinitely.
- Yes, he or she has had a salary cut of more than 20% but less than 50% indefinitely.

Yes, his or her business has temporarily closed, resulting in a minimum of 50% loss of income.

Yes, his or her business has temporarily closed, resulting in at least 20% but less than 50% loss of income.

Other financial difficulty please specify here.....

5. Have you had a shortage of income from your current job (full time/part time)? If so, please estimate the loss.

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6. Have you received a scholarship for the academic year 2019 - 2020?

Yes, I received a scholarship (Please specify scholarship name and attach proof of previous scholarship document)

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No, I did not receive a scholarship for the academic year 2019 - 2020.

7. Please state average family household income per month (before the coronavirus 2019 outbreak (COVID-19) (Proof of finance is required (i.e. declaration from employer or bank statement)

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8. Please state your average family household income per month (during the coronavirus 2019 outbreak (COVID19) (Proof of finance is required)

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9. Please state your average family household expenditure per month (during the coronavirus 2019 outbreak (COVID-19) (Proof of finance is required)

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10. Please state average family household debt per month (during the coronavirus outbreak 2019 (COVID-19) (Proof of finance is required)

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Section 3 Please provide any additional information to inform the committee of your financial need.

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I would like to certify that I have met all of the requirements as mentioned in the announcement of Chulabhorn International College of Medicine’s “Scholarship Aid for Students Who are Affected by Coronavirus 2019 (COVID-19) Crisis Round 2”, and I certify that all the information above is completely true. In case that I fail to reach any of the

requirements or have given any false information, or violate any of the regulations, I will forfeit my application.

Signature Applicant

Date Month Year

Remark: Please compile your application form with other documents in 1 PDF file (less than 10 MB) in order as stated by the Announcement of Chulabhorn International College of Medicine (bullet points 2-3) and name the file as follows:

Student ID. No. _Name_ Lastname. (For example: *6229000000_Jaidee_Teesut*)

Send the file via email to: cicm.tu.scholarship@gmail.com

**Required Documents for Applying Scholarship Aid for Students Affected by Coronavirus
(COVID-19) Crisis Round 2**

Name.....Student ID.....

The applicants can submit the documents for consideration as follow:

- Application form (must be typed, written applications will not be accepted (including those using a Stylet (iPad))
- A copy of national citizen card and/or passport (certified true copy)
- Medical Certificate
- Proof of Covid-19 Examination, Diagnosis
- Summary of Medical Treatment
- Proof of self-quarantine per Department of Health Guideline
- Statement (current year during COVID-19 crisis – year 2021)
- Commercial Registration Certificate (for Businesses)
- Verification of Suspension or Unemployment
- Verification of family monthly debt during Coronavirus (COVID-19) Crisis
- Proof of Relationship between students and those who are unemployed (Birth certificate or certificate verifying guardianship)
- Additional Expense Receipt (Apart from Health Service Coverage)
- Proof of Health Service Coverage
- Health Insurance Policy
- Other evidence (document) proving that you have been affected by Covid-19 such as picture, reference document from relevant person, payment receipt.

***Remark**

1. All documents must be certified from a relevant person. Please tick the box ✓ which you have submitted the appropriate document.
2. If your family members have been affected by Covid-19, Please attach proof of relationship between students and those who are affected.
3. The Applicants must prepare the documents as stated by the announcement of Chulabhorn International College of Medicine. It is the duty of the applicant that all documents provided are submitted prior to deadline. Inability to do so will void the application. Incomplete applications will not be accepted under *any* circumstances.
4. The staff in the Office of Student Affairs will check the documents once upon submission for completion and an e-mail will be sent notifying the applicant of deficient materials. Please allow one week for review of documents. Late applications will not be accepted.