

# APPLICATION FORM

(MALDIVES SCHOLARSHIP)



# AIHM SCHOLARSHIPS FOR MALDIVIANS

## Basic eligibility:

Nationality: Maldivian

Minimum age: 17.5 years

Education: high school diploma or equivalent. Acceptable qualifications include:

- Minimum of two full A-levels (GCEs)
- International Baccalaureate (IB) diploma (minimum 24 points)
- GED diploma (minimum 145 points in all four areas)

English-language requirements:

- TOEFL 525/70 or above (paper/iBT)
- IELTS 5.5 average (each subcomponent can be 0.5 less than the required average score, but no lower)
- Cambridge FCE/CAE B2 first or above

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## THE APPLICATION PROCESS

15 June – 10 July 2021

Fill out the application form and submit all required documents to our admissions team at [admissions@aihmeducation](mailto:admissions@aihmeducation).

Please include all of the following documentation: Completed application form

- Completed application form
- Academic transcripts (high school diploma, GED, IGCSE)
- English proficiency certificate (IELTS, TOEFL, Cambridge Advanced)
- Post-study statement
- Personal statement
- Parental consent form (if needed)
- Privacy statement
- Signatory letter
- Copy of passport

13 July 2021 : Shortlist of candidates selected for interview

30 July 2021 : Scholarship recipients announced

**For more information, please contact our admissions team at [admissions@aihmeducation](mailto:admissions@aihmeducation)**

# APPLICATION FORM

## PERSONAL DETAILS

Mr  Ms Family name \_\_\_\_\_ First name \_\_\_\_\_  
Date of birth (DD/MM/YYYY) \_\_\_\_\_ Nationality \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Postal code \_\_\_\_\_ Country \_\_\_\_\_  
Home phone \_\_\_\_\_ Mobile phone \_\_\_\_\_  
Email \_\_\_\_\_

## EDUCATIONAL ATTAINMENT

Name of high school / college / university \_\_\_\_\_  
City \_\_\_\_\_ Country \_\_\_\_\_  
Highest qualification (high school diploma / GED / IGSCE) \_\_\_\_\_  
Completion date (MM/YYYY) \_\_\_\_\_

## ENGLISH-LANGUAGE QUALIFICATION

IELTS score \_\_\_\_\_ TOEFL score \_\_\_\_\_ Cambridge Advanced score \_\_\_\_\_

## APPLYING FOR

Bachelor of Business Administration in Global Hospitality Management (3.5 years)

Semester in which you intend to start

September 2021  April 2022

## SPECIAL EDUCATION NEEDS

Do you have a learning disability or medical condition which may mean that you require additional help during your studies and stay on campus? All information will be kept confidential and does not affect your academic eligibility.

Learning disability (e.g. dyslexia, dysgraphia, dyscalculia, ADD, etc.) \_\_\_\_\_

Mobility / hearing / vision impairment (given the nature of studies and the residential campus setting at AIHM, please be aware that this could be an area where challenges may occur).

\_\_\_\_\_

Other \_\_\_\_\_

Do you consent to share this information with your course lecturers? \_\_\_\_\_

## PARENT / LEGAL GUARDIAN / EMERGENCY CONTACT

Mr  Mrs  Ms Family name \_\_\_\_\_ First name \_\_\_\_\_

Relationship to applicant (you may tick multiple boxes)  Parent  Legal guardian

Emergency contact \_\_\_\_\_ Language spoken \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Postal code \_\_\_\_\_ Country \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile phone \_\_\_\_\_

Email \_\_\_\_\_

## POST-STUDY STATEMENT

I hereby guarantee that I will leave Thailand at the end of my studies at AIHM.

Signature of applicant \_\_\_\_\_

Name of applicant \_\_\_\_\_

Date (DD/MM/YYYY) \_\_\_\_\_

## PERSONAL STATEMENT

In 500-750 words, explain why you want to study at AIHM. Why are you passionate about hospitality and what are some of your past experiences in this field? What are your interests outside of school? What are some of your aspirations for the future?

Signature of applicant \_\_\_\_\_

Name of applicant \_\_\_\_\_

Date (DD/MM/YYYY) \_\_\_\_\_

## PARENTAL CONSENT FORM

Applicants who will be below the age of 18 at the start date of the first semester must have their parent / legal guardian complete the form below.

### Parent / Legal Guardian

Mr  Mrs  Ms Family name \_\_\_\_\_ First name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Postal code \_\_\_\_\_ Country \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile phone \_\_\_\_\_

Email \_\_\_\_\_

### Applicant

Mr  Ms Family name \_\_\_\_\_ First name \_\_\_\_\_

Date of birth (DD/MM/YYYY) \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal code \_\_\_\_\_

Country \_\_\_\_\_

I, the undersigned, declare that I hold legal custody of this applicant.

I acknowledge that AIHM is an adult environment, and therefore assume responsibility for the wellbeing and actions of the minor mentioned above. This expressly includes participation in voluntary activities and events organised by the school, including but not limited to sports and events organised by the student body.

The medical staff of AIHM have my permission to evaluate and treat the minor in the event of a medical emergency.

I also agree to all communications and notifications from the school becoming effective by being addressed directly to the minor.

This consent form will remain in effect until the minor's 18th birthday.

Signature of parent / legal guardian \_\_\_\_\_

Name of parent / legal guardian \_\_\_\_\_

Date (DD/MM/YYYY) \_\_\_\_\_

## PRIVACY STATEMENT ON APPLICATION

### Data controller:

Chao Phraya Resort & Residence Limited  
257/6 Riverside Plaza Building, 9th Floor, Charoennakorn Road  
Samrae, Thonburi, Bangkok 10600, Thailand

Relating to data process: 1, 2, 3

### Use of data:

1. To manage the application process
2. To ensure that applicants are fit to start and continue learning at AIHM, or to make sure we can adjust our teaching methods or attend to any special needs during your study
3. To manage payment for services provided

### Data processing for:

1. Fulfilment of contract
2. Legitimate interest
3. Consent

### Recipients:

1. Your data will not be disclosed to third parties
2. Your data will not be disclosed to third parties
3. Information related to finances may also be shared with the applicant's parent and / or sponsor

### Retention period:

Until graduation, or 12 months in the case of unsuccessful application, whichever is applicable

### Rights:

Access, rectification, erasure, restriction, objection to the processing and portability of the data

To learn more about our data protection practices please refer to the full Privacy Statement:  
[www.aihm.education/privacy-statement](http://www.aihm.education/privacy-statement)

Signature of applicant \_\_\_\_\_

Name of applicant \_\_\_\_\_

Signature of parent / legal guardian \_\_\_\_\_  
(if under 18 years old)

Date (DD/MM/YYYY) \_\_\_\_\_

## SIGNATORY LETTER

**Please read the statement below and fill in where indicated.**

I hereby declare that all information and attachments sent as part of the application process are true and complete. Any statement which proves to be untrue or purposely misleading will render the application void, and if inaccuracies are highlighted at a later stage, the school retains the right to retract any offer made or expel me with no refund of fees.

I understand that any information required as part of the application process is necessary to fulfil the identified purposes.

I agree to abide by the totality of school regulations, policies and procedures governing admission, enrolment and my studies at AIHM, as they may be revised from time to time, including but not limited to the school's terms and conditions and other regulations related to academic life, student life, residency and finance.

I understand that fees and other financial conditions can be revised, and I accept their revision.

I agree to abide by the laws of the nation of the campus where I intend to study in case of dispute related to the interpretation or execution of my legal obligations towards the school, and accept the exclusive competence of the courts of such nation.

I have read and understand the above conditions and accept them in full.

Signature of applicant \_\_\_\_\_

Name of applicant \_\_\_\_\_

Signature of parent / legal guardian \_\_\_\_\_  
(if under 18 years old)

Date (DD/MM/YYYY) \_\_\_\_\_







IN ACADEMIC  
ASSOCIATION WITH



BANGKOK CAMPUS  
Avani+ Riverside Bangkok Hotel  
9th Floor, 257 Charoennakorn Road  
Samrae, Thonburi, Bangkok 10600, Thailand

PATTAYA CAMPUS  
Royal Garden Plaza  
3rd Floor, 218 Moo 10, Beach Road  
Nong Prue, Bang Lamung, Chonburi 20260, Thailand

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