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| **Student Abstract Grant Application Form**  **5th International Conference on Digital Health and Innovation**  **in Nursing and Health Science (DHIT 2025)**  **November 4-5, 2025** |

**SECTION A: PERSONAL INFORMATION**

**Applicant Details**

Full Name (as in passport/ID): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (DD/MM/YYYY)

Gender:  ☐ Male ☐ Female ☐ Other ☐ Prefer not to say

Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country of Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Information**

Mailing Address:  
Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
State/Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address (Primary): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address (Alternative): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WhatsApp/Line ID (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION B: ACADEMIC INFORMATION**

**Current Educational Institution**

University/College Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty/School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department/Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete Institutional Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Academic Status**

Current Academic Level: ☐ Undergraduate ☐ Master's ☐ Doctoral

Expected Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (MM/YYYY)

Major/Specialization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current GPA/CGPA: / Grading Scale Used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Previous Education**

Bachelor's Degree (if applying for graduate program):  
Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Field of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduation Year: \_\_\_\_\_\_\_\_ GPA: \_\_\_\_\_\_\_\_

**Research Experience**

Current Research Project/Thesis Title:

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

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Research Supervisor/Advisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Research Supervisor Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION C: CONFERENCE ABSTRACT INFORMATION**

**Submitted Abstract Details**

Abstract Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Abstract ID/Reference Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (If applicable)

Conference Theme Alignment:

☐ Supportive technology and infrastructure of health care system

☐ Personalized care and management

☐ Remote monitoring and care management

☐ Community building and social connection

☐ Transformative education in digital era

☐ Student Forum

Presentation Preference:

☐ Oral Presentation

☐ Poster Presentation

☐ Either

**Authorship Information**

Your Role in this Abstract:

☐ First Author

☐ Corresponding Author

☐ Both

Total Number of Authors: \_\_\_\_\_\_\_\_

Research Supervisor/Mentor included as author:

☐ Yes ☐ No

**SECTION D: ENGLISH PROFICIENCY**

**Language Background**

Native Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

English Proficiency Required:

☐ Yes (Non-native English speaker)

☐ No (Native English speaker)

English Proficiency Evidence, if applicable (Check all that apply)

☐ International Tests: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Thailand-based Tests: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
☐ English-medium instruction program

(Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  
☐ Previous conference presentation in English

(Conference Name & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  
☐ Academic advisor confirmation letter attached

**SECTION E: FUNDING AND FINANCIAL INFORMATION**

**Declaration of No Conflicting Funding**

**I hereby declare that:**

☐ I have NOT received any funding support from other sources to attend DHIT 2025 conference

☐ I have NOT applied for funding support from other sources for DHIT 2025 conference

☐ I HAVE applied for other funding sources for DHIT 2025 conference (Please specify below)

**If you have applied for other funding, please provide details:**Funding Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Amount Applied: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Status: ☐ Pending ☐ Approved ☐ Rejected  
Date Applied: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Financial Need Statement**

**Please briefly explain your financial need for this grant (Optional, 100 words maximum):**

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

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**Commitment Statement**

**I understand and agree to the following conditions if awarded the grant:**

☐ I will attend the full conference program on November 4-5, 2025  
☐ I will present my abstract personally (no proxy presentations allowed)  
☐ I will acknowledge the grant support in my presentation materials  
☐ I will participate in post-conference evaluation activities  
☐ I will provide a brief reflection report within 2 weeks after the conference  
☐ If I withdraw from the conference without valid medical/emergency reasons, I agree to reimburse the registration fees

**SECTION F: ACADEMIC ADVISOR/FACULTY MENTOR INFORMATION**

**Advisor Details**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title/Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department/Faculty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Applicant: ☐ Thesis Supervisor ☐ Research Advisor ☐ Faculty Mentor

**SECTION G: DECLARATIONS AND SIGNATURES**

**Applicant Declaration**

I certify that:

* All information provided in this application is true and complete to the best of my knowledge
* I understand that providing false information may result in disqualification
* I consent to the processing of my personal data for the purpose of this grant application
* I agree to the terms and conditions of the Student Abstract Grant Program
* I authorize the conference organizers to use my name and research title for promotional purposes if awarded

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Academic Advisor/Faculty Mentor Endorsement**

I confirm that:

* I have reviewed this application and the submitted abstract
* The information about the applicant's academic status and research work is accurate
* I support this student's application for the Student Abstract Grant
* The applicant has demonstrated adequate English proficiency for international presentation
* I recommend this student for the grant based on their research potential and academic merit

Brief comment on applicant's suitability for this grant (100 words maximum):

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

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Advisor/Mentor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:  \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION H: DOCUMENT CHECKLIST**

**Please ensure all required documents are attached:**

☐ Completed and signed application form  
☐ Official enrollment verification letter  
☐ Copy of submitted conference abstract  
☐ Statement of purpose (500 words maximum)  
☐ English proficiency evidence (if applicable)  
☐ Academic transcript (unofficial copy acceptable)

**SUBMISSION INFORMATION**

**Submission Deadline:** August 31, 2025, 11:59 PM (Thailand Time)

**Award notification:** September 25, 2025

**Submission Methods:**

* **Email:** [dhit2025@kku.ac.th](mailto:dhit2025@kku.ac.th) (Subject: Student Grant Application - [Your Last Name])

**File Requirements:**

* All documents in PDF format
* Maximum file size: 5MB per document
* File naming: LastName\_FirstName\_DocumentType