学習奨励費特別追加採用(第2回)申請書

円
円
円/月

上記の内容に相違ないことを誓約し、申請内容に虚偽があった場合は返金します。

2020年12月 日

学部/研究科名 ______学籍番号 _____

氏名(パスポートに記載されたアルファベット表記)

メールアドレス

署名

Application for JASSO Gakushu-Shoreihi Special Additional Support (Second Round)

		Check	Amount (JPY)
1	I am NOT a student of the MEXT scholarship, any foreign governmental scholarship, nor an exchange program.		
2	I am NOT taking a leave of absence from school.		
3	I was staying in Japan with the "Student (留学)" status of residence as of April 1 and October 1 2020.		
4	I will be staying in Japan with the "Student (留学)" status of residence as of January 5, 2021.		
5	I have an account with the Japan Post Bank (ゆうちょ銀行 Yucho Ginko).		
6	I have a GPA of 2.30 or above.		
7	I have passed the JPLT level N2 or higher.		
8	I have the score of 200 points or higher on EJU (Examination for Japanese University Admission for International Students).		
9	I have passed the level B2 or higher on CEFR (Common European Framework of Reference for Languages: Learning, teaching, assessment).		
10	I agree to cooperate in the career path survey conducted by JASSO after the scholarship is granted.		
11	My monthly allowance (excluding the amount of enrollment fee and tuition fee) does NOT exceed an average of 90,000 yen.		
12	Write the amount of allowance	JPY	
13	The annual income of my financial supporter in Japan is less than JPY 5 million, or I don't have any financial supporter in Japan.		
14	stWrite the amount of the annual income of your financial supporter (if applicable).	JPY	
15	₩Write his∕her name if you have a financial supporter in Japan.		
16	I am NOT receiving any other scholarships.		
17	I am receiving other scholarship(s).		
18	Write the name of the scholarship.	JPY	/month
19	Write the amount of the scholarship.		
20	I am NOT receiving financial aid under JASSO's international students support program.		
20	I am NOT a recipient of the JASSO Gakushu-Shoreihi (including the first round of this special additional support)		

I hereby swear that the above information is true and I agree that, if there is any false information in this application, I shall return the funds.

Date: (Year) 2020 (Month) December (Day)

Dept./Faculty/Graduate School:

Student ID # :

Name (as on your passport):

Email

Signature: