

Izumo City Educational Scholarship Loan Application

To Izumo City Board of Education

Applicant Address Izumo City, OO-chō, OOName John Doe 印Guardian Address Izumo City, OO-chō, OOName Jack Doe 印(Relationship with applicant: **Father**)

I (the applicant) and my guardian have gathered the necessary documents and hereby apply for the Izumo City Educational Scholarship Loan.

I declare that the information provided is true and correct. I also understand that dishonesty may result in the immediate termination of my scholarship loan.

Moreover, I agree that the Izumo City Board of Education may contact relevant institutions to look into the Basic Resident Registers and resident tax statuses of both myself (the applicant) and those I share my financial situation with.

1. Requested Loan

Loan Period	Y	M	to	Y	M
Loan Amount	per month		000,000	yen	
School Type	<input type="checkbox"/> High school	<input type="checkbox"/> Vocational school		<input checked="" type="checkbox"/> Public	
	<input type="checkbox"/> College of technology	<input checked="" type="checkbox"/> University		<input type="checkbox"/> Private	
School Name	OO University				
Faculty/Department	Faculty of OO, Department of OO				
Commute	<input checked="" type="checkbox"/> From home		Tuition Fee (per year)	000,000 yen	
	<input type="checkbox"/> Other				

※ 1 Only for vocational schools, universities, and colleges of technology (advanced course).

2. Reason for Applying

<p><u>My father's company is doing poorly financially, so his salary has stagnated. My mother is working, but her income is low as she works part-time. My grandmother has a pension, but her medical fees have become high because she is currently hospitalized. My older sister studies in a university outside of the prefecture, so my family needs to send her an allowance for living expenses, etc. My younger brother also hopes to study further. Considering all of this, in addition to the rising trend of educational expenses, I wish to apply for a scholarship loan.</u></p>
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3. Applicant's Information (at time of application)

Furigana Name	John Doe		Date of Birth	(Age:)
Address	〒000-0000 Izumo City, 00-chō, 00		Sex	Male
			Phone Number	000-0000-0000
School Type	<input type="checkbox"/> High school <input type="checkbox"/> Vocational school <input type="checkbox"/> College of technology <input checked="" type="checkbox"/> University		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
School Name	00 University (Year: 0)			
Faculty/Department	Faculty of 00, Department of 00			
Commute	<input checked="" type="checkbox"/> From home		<input type="checkbox"/> Other	

4. Guardian's Information (at time of application)

Furigana Name	John Doe		Date of Birth	(Age:)
Address	〒000-0000 Izumo City, 00-chō, 00		Sex	Male
			Phone Number	000-0000-0000
Workplace/Occupation				

5. Family's Information (at time of application) ※2 Please include people who have been relocated for work without family.

	Furigana Name	Date of Birth	Workplace/Occupation or School
1	Jane Doe	Y M D	Part-time
2	Jill Doe	Y M D	Unemployed
3	Janette Doe	Y M D	00 University
4	Joe Doe	Y M D	Shimane Prefectural 00 High School

6. Students Other than the Applicant (at time of application or on the first day of the loan period)

Name Janette Doe	<input type="checkbox"/> From home <input checked="" type="checkbox"/> Other	<input type="checkbox"/> High school <input type="checkbox"/> Vocational school <input type="checkbox"/> College of technology <input checked="" type="checkbox"/> University	<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Name Joe Doe	<input type="checkbox"/> From home <input checked="" type="checkbox"/> Other	<input type="checkbox"/> High school <input type="checkbox"/> Vocational school <input type="checkbox"/> College of technology <input checked="" type="checkbox"/> University	<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private

7. Other Circumstances

① <input type="checkbox"/> Single-parent household	④ Relocated for work without family (Name:)
② <input type="checkbox"/> Disabled ()	⑤ <input type="checkbox"/> Victim of earthquake, etc.
③ <input checked="" type="checkbox"/> Long-term recovery (at least 6 months) (Expenses in a year: yen)	(Expenses in a year: yen)

※3 Please verify ② with a document. Please verify the amounts of ③ and ⑤ with a document.

8. Other Scholarships

<input type="checkbox"/> Recipient <input checked="" type="checkbox"/> Applicant	00 Scholarship
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