Box No. 21-22

AY 2017 Azusa Ono Memorial Scholarship Application Form

(As of / / / Year Month Day)

Please fill out this application form correctly.

Please follow the information posted to your school's bulletin board and submit it until prescribed date and with prescribed way.

* If you make false declarations, you will be automatically excluded from scholarship selections.
 * Please write clearly and fill out all the columns.

*Put \checkmark in the appropriate ().

ID No.	1	А							Date of Birth		/	/	/ (Year) (Month) (Day)
Name in Katakana									School/ Graduate School	Undergradu Sajanaa an			1 of	Political
Name in Kanji					 				 Major	Scrence an	u EC	5110111105	5	
Name in Romaji									 School Year					
Nationality									Entrance day			/	/ (Yea	r) (Month)
Marital Status	()) Sin	gle	() Ma	arrie	ed	Estimated day of Graduation			/	/ (Yea	r) (Month)
Status of Residence														

[Residence] * Please write correctly in details.

Type of Residence	 () Apartment (() Private Dormitory (() Others [)University dormitory)Living with relatives [or guarantor]]
Current Address	Ŧ	
	TEL:	E-mail:
Layout of Resid (ex. 8-mat Living	dence Room+3-mat Kitchen+Bath)	
Monthly Rent (i	ncl. maintenance fee, etc.)	Amount you pay in case living with someone yen yen
Lodger(s)())	Spouse () Child(ren)	() Brother(s)/Sister(s) () Friend(s)
()	Alone * Please indi	cate the number of lodgers.

[Part-time Job]

Do you have a part-time job?	() Yes	() No
Type of Job and Payment per Hour	1 2 3	(yen/hour) (yen/hour) (yen/hour)
Working Hours	hours/day	hours/week
Monthly Salary	yen/month	

[Savings]

Current Savings yen (As of /	I)
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[Financial Support]	
Support for	() I receive yen/month of support from
Living Expenses	() I do not receive any.
Support for	() I receive yen/month of support from
Monthly Rent	() I do not receive any.
Support for	() I receive ven of support from
Tuition and Fees	() I do not receive any.

[Family Structure]

Relationship	Name	Age	Address (City/Country)	Occupation	Annual Income (including tax)
Father					yen
Mother					yen
Spouse					yen
					yen
					yen
					yen

* If you have any relatives living in Japan, please indicate them as well.

[Scholarship Information]

* Please list all scholarships and financial assistance that you have received after entering Waseda University and you are going to receive. (including free accommodation and tuition reduction)

Name of Scholarship	Period	Monthly Amount
	~	yei
	~	ye
	~	ye

[Please state why you think you should be considered for a scholarship.]

*The information of this form is used only for screening of Azusa Ono Memorial Scholarship and will not be used for other purposes.

The above statements are true, and I hereby apply for this scholarship.

Applicant's Signature

[For official use only]