**AY 2024 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 ✓ in the appropriate ( ).**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ID No. |  |  |  |  |  |  |  |  | Date of Birth | / / /(Year)(Month)(Day) |
| Name in Katakana |  | | | | | | | | School/  Graduate School |  |
| Name in Kanji |  | | | | | | | | Major |  |
| Name in Romaji |  | | | | | | | | School Year |  |
| Nationality |  | | | | | | | | Entrance day | / /(Year)(Month) |
| Status of Residence |  | | | | | | | | Estimated day  of Graduation | / /(Year)(Month) |

**[Residence] ＊Please write correctly in details.**

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

**[Part-time Job]**

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

**[Savings]**

|  |  |
| --- | --- |
| Current Savings | yen (As of / / ) |

**[Financial Support]**

|  |  |
| --- | --- |
| Support for  Living Expenses | ( ) I receive yen/month of support from .  ( ) I do not receive any. |
| Support for Monthly Rent | ( ) I receive yen/month of support from .  ( ) I do not receive any. |
| Support for Tuition and Fees | ( ) I receive yen of support from .  ( ) 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 |
|  |  |  |  |  | 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 |
|  | / / ～ / / | yen |
|  | / / ～ / / | yen |
|  | / / ～ / / | yen |

**[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】**