**Application for 2020** **Okamura-Konagai Memorial Foundation benefit**

Name (SURNAME, given name)

I apply for the above mentioned benefit for the reasons stated on the attached “Statement of Reasons”.

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| --- | --- |
| Collage/ Graduate School | 　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　 |
| Student ID |  |
| Current Address  |  |
| Telephone Number |  |
| YNU e-mail Address | 　　　　　　　　　　　　　　　　　　　　　　　 |

\*Fill in the check box for applicable items.

|  |
| --- |
|[ ]  My tuition payer has lost his/her job (including self-employed that has bankrupted) due to the spread of novel coronavirus infections. |
|[ ]  Income of my tuition payer has significantly decreased due to the spread of novel coronavirus infections. His/ Her income has decreased by [　　]％ compare to the monthly income before the spread of novel coronavirus infections. (Fill in numbers in the bracket.)　 |
|[ ]  I have lost my part-time due to the spread of novel coronavirus infections.【Especially for New Students】I can not find any part-time job due to the spread of novel coronavirus infections. |
|[ ]  My part-time earnings has decreased by [　　]％ compare to the monthly income before the spread of novel coronavirus infections. (Fill in numbers in the bracket.)　 |
|[ ]  I am not receiving a scholarship 80,000 yen or more per month. |
|[ ]  I am not a student who lives with family members who makes more than 5,000,000/year. |
|[ ]  I have applied for Tuition Waiver Program 2020 fall. |
|[ ]  I have received YNU Emergency Support Scholarship Related to the Prevention of the Spread of Novel Coronavirus Infections. |
|[ ]  I have received Emergency Student Support Benefit to Help Continue Education (National Program). |
|[ ]  My visa status is ‘Student’ including those who is currently applying for changing its status as for ‘Student’ |

I certify that information in this application is true and complete. In the event of any false declaration, I will refund the full amount of the scholarship within the designated period.

 　 　　　 / / 2020

 Signature of Applicant Date (MM/DD/2020)

# Statement of Reasons

 \*Describe the reasons for the need of the Emergency Support Scholarship below.