Form 1

Emergency Student Fund Application

ATTN: Director of Japan Student Services Organization

　I hereby apply for the Emergency Student Fund offered by the Japan Student Services Organization (hereafter JASSO).

If I am currently a JASSO scholarship student, I give my consent for JASSO to use my bank account information to transfer the Emergency Student Fund payment.

1. Basic Information

|  |  |
| --- | --- |
| Date Submitted | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2020 |
| School Name |  |
| Student ID Number |  |
| Name | Kana (Last) |  | Kana (First) |  |
| Kanji (Last) |  | Kanji (First) |  |
| Date of Birth (Nengō) | Shōwa / Heisei (Y/M/D) | Phone |  |
| JASSO Scholarship ID NumberNote: Only enter this if you are a JASSO scholarship student. |  |  |  | — |  |  | — |  |  |  |  |  |  |

2. Account Information

Note: Not necessary for JASSO scholarship students. However, please enter this information if you are unable to receive the Emergency Student Fund payment to that account; e.g. the account you registered with JASSO has been closed etc. (in this case, you must submit a separate change of bank account form for JASSO scholarships).

|  |  |  |
| --- | --- | --- |
| Account-holder's Name (kana)Note: Enter the account-holder's name as it appears on the bankbook. | 　　　　　　　　　　　　 |  |

(Other than Japan Post Bank)

|  |  |  |
| --- | --- | --- |
| Financial institution name/branch  | 　　　　　　　　　　　BankCredit UnionAgricultural Cooperative | BranchBusiness OfficeSubbranch |
| Bank Code |  |  |  |  | Branch Code |  |  |  |  |
| Account TypeNote: Circle one | Ordinary Account / Checking Account |
| Account NumberNote: aligned to the right |  |  |  |  |  |  |  |

Japan Post Bank

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Japan Post Bank | Suffix |  |  |  |  |  |  |
| No. |  |  |  |  |  |  |  |  |

3. Transfer Instructions

Note: If transfer is to be made to the university due to difficulty in presenting identification, multi-child household, single-parent household, etc. make a comment to that effect. Questions entered in this space will NOT be answered.

　Note: If you are scheduled to begin your first year of university, and have lost part-time employment, please enter a comment to that effect.

4. Additional Documents

Note: Please make a small circle (〇) next to the applicable documents in the "Check" column. If a document is not applicable, please make note of it before making a small circle (〇) next to it in the "Check" column.

|  |  |
| --- | --- |
| Check | Document |
|  | Photocopy of bankbook (optional) |
|  | Photocopy of apartment etc. lease (students living away from home only) |
|  | Receipt etc. for official assistance received in connection with the COVID-19 pandemic (if possible) |
|  | Pay statement from part-time employer (before and after pay reduction) (optional) |
|  | Proof of scholarship or proof of residence tax exemption (if possible) |
|  | Other: |

\*The information provided here will be used in the operation of the JASSO Emergency Student Fund. The information may be given, when appropriate to the scope of this objective, to MEXT, schools, financial institutions, or contractors as necessary, but will not be used for any other purpose.

Your information may also be provided to government institutions or public-service corporations to prevent duplicate scholarship awards if requested, within reasonable limits.