Year 2020 Month＿＿＿Date＿＿＿

**Nagaoka University of Technology Emergency Assistance Scholarship 2020**

**Application Form**

To the President, Nagaoka University of Technology

**Applicant**

Department: Academic year:

Student number:

Name:

Current address: 〒

Telephone number:

E-mail address:

As described in the Statement of Reasons, I wish to apply for the Emergency Assistance Scholarship.

|  |  |
| --- | --- |
| Payer’s name† | (Relationship to the applicant: ) |
| Payer’s address† | 〒 |
| Payer’s telephone number † |  |
| Applicant’s part-time workplace and telephone number | Tel: |
| Name of applicant’s academic supervisor  *\*For 4th-year undergraduates and postgraduate students only* |  |

*†The payer is the person who is paying the applicant’s tuition fees (e.g., parent or guardian).*

Bank Account for Depositing the Emergency Assistance Scholarship

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bank Account | Name of Bank |  | | *Ginkou Kinko Kumiai* | | | | Bank Code | | | | | | | | | |
|  | |  | | |  | |  | | |
| Branch Name |  | | | *Honten Shiten*  *Shucchojo* | | | | | Branch Code | | | | | | | |
|  | | |  | |  | | |
| Account Type | □　*Futsuu* (Regular)  □　*Touza* (Checking) | Account Number | | |  |  | |  | |  |  | |  | |  |
| Furigana |  | | | | | | | | | | | | | | | |
| Account Holder’s Name |  | | | | | | | | | | | | | | | |

***\*Please enter the bank account details for the account under the student’s name.***

***\*If the bank account is a Japan Post Bank (Yuucho Ginkou), please attach a copy of the first page (inside) of the bank passbook.***

Statement of Reasons

Name

(Write the reason(s) why you need the Emergency Assistance Scholarship below)

***\*Please also submit documents that prove the reasons for the sudden change in household finances.***