

# Kobe University COVID-19 Student Emergency Assistance Fund 2020 Application form

2020/mm /dd

Name \_\_\_\_\_

I am submitting the following application in the hope of receiving the “Kobe University COVID-19 Student Emergency Assistance Fund” because I am facing financial difficulties due to COVID-19, as described in the “reason” section of this form. In addition, I promise to return the entire Emergency Assistance Fund payment by the deadline if the information in my application is found to be falsified or incorrect.

Faculty Graduate School / Grade			
Student ID number		Date of birth	yyyy mm dd
Address (including dormitory/student residence room no.)			
TEL	— —		
E-mail	@		

※Please make sure to circle an answer for each category

Categories	Circumstances			
Residence (as of May 2020)		With family members		Dormitory/student apartment etc.
Tuition Fee Exemption (Included in the new safeguarding system of higher education)		Applying/have applied		Haven't applied
Scholarship application status		Receiving		Not receiving/didn't apply
		Applying/have applied		
If you have already received a scholarship, please write down the total amount:		Grant-type scholarship		Loan-based scholarship
		JPY /month		JPY /month

Your income for May 2020 (total amount of financial support from your parent(s), part-time job, scholarship etc. )					
	below 20,000JPY		over 20,000JPY		over 50,000JPY
	over 80,000JPY		over 110,000JPY		over 150,000JPY

※If you do not choose one of the above answers, we will assume that you earned over 150,000JPY.

Reason (If there is not enough space below, you may continue onto a separate piece of paper)

※Please make sure to write down a concrete reason as to why you require this emergency aid; for example, you are experiencing financial difficulties due to your own or a family member's reduced income, making it hard to continue living as a student.

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✕Also, please submit the bank transfer form with a copy of the bankbook or cash card (applicant' s or parent/guardian' s bank account). **Please make sure to copy the part which shows the account name and information (the name of the financial institution, the branch code and account number).**

**Transfer form for Kobe University COVID-19 Student Emergency Assistance Fund 2020**

1. Name \_\_\_\_\_
2. Student ID number \_\_\_\_\_
3. Faculty/Graduate School \_\_\_\_\_
4. Contact details \_\_\_\_\_

Please attach a copy of the account holder's cash card or bankbook page showing the account name and information (the name of the financial institution, the branch code and the account number).