**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”** becauseI 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 over150,000JPY.**

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.

**※**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).**

**Separate sheet**

**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**

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| --- |
| **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).** |