



Nagoya University Global 30 Undergraduate Scholarship Application Form

Applicant's Information

Full Name:

E-mail Address:

Financial Information

1. Please fill in your family information (including yourself) and **check the boxes for the financial sponsors**. Please note that decisions on admissions and institutional scholarship are made independently, so information provided in this form and its attachments will NOT influence the admission decision. The information you provided is confidential and will not be shared with third parties outside Nagoya University without your consent.
2. Please attach a separate sheet when providing further information on any special circumstances that would help us when considering your scholarship application.

Sponsor	Full Name	Age	Relationship to you	Occupation
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

Annual income: _____

Please submit an original documentary proof of income for each of your financial sponsors.

Please attach the English translation if the original document is written in languages other than English.

Annual expense: _____

Please indicate all expenses for you and dependents(s) on necessary items (housing, education, medical expenses, etc.)

Currency Exchange Rate:

1 JPY ⇔ _____ (_____) as of (_____)
Name of the currency Date when the form is filled out

Applicant Signature

I certify that the information provided by me on this application is complete and accurate.
 I hereby authorize Nagoya University to verify any information, including financial information, provided on this form.
 I understand that any misrepresentation may cause admission revocation or expulsion, and cancellation of scholarship granted, should the information I have certified be false.
 I agree to promptly report any changes to the information provided in this application to the Admissions Office.

Signature: _____ Date: _____