SOKENDAI Student Emergency Support Program Application Form

 　　　 　　　20XX/mm/dd

　To the President of The Graduate University for Advanced Studies, SOKENDAI

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| --- | --- | --- | --- |
| Student ID No. |  | Program |  |
| Name |  |

 I hereby apply for the SOKENDAI Student Emergency Support Program for the following reasons.

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| --- | --- |
| Date of occurrence of the reason for sudden changes in household finances | 20XX/mm/dd |
| Application amount \*Maximum: 200,000 yen | 〇〇〇〇yen |
| Reason for application |
|  |

The following will be filled out by Chief Supervisor.

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| There are no issues with the applicant's motivation for research and academic performance, and I have confirmed the content of the above application reasons after interviewing the applicant.20XX/mm/dd　〇〇　〇〇（Signature or seal of the chief supervisor. Electronic signature is acceptable.） |

\* Please attach documents (copies acceptable) that prove the sudden change in household finances and submit them to the Program Office.

\* The application form may be submitted as a scanned document.