

Be sure to fill in the form with a black pen. (The "Frixion ball" are not acceptable.)

# Application for the Student Emergency Aid for Continuance of Studies

[Note] Those who have already received their benefits in the	
designated account after applying for the first and second round of	
application in January and February 2022 will not be able to apply for	
the second round of application.	) for the Student Emergency Aid for
The university cannot confirm whether your application has been	y bank account information in JASSO's
accepted or not. Please make sure to check whether the money has	ntinuance of Studies.
been transferred to the bank account (the account you filled in the	
application form 1) by yourself.	

				on	Date (Year:2022 Month:03			
					Day:11)			
Yo	our School	Kumamoto University						
Student ID #		200-L1023						
	Kana (Family Name)	クマダイ	Kana (Giv Name)		タロウ			
Name Kanji (Family Name)		KUMADAI	Kanji (Giv Name)		Tarou			
Date of Birth		Year:2002 Month: 01Day:01	Phone #	ŧ	090-1234-5678			

## 2. Bank Transfer Information

\*JASSO scholars do not need to enter this information. However, if you are a JASSO scholar but if, due to a reason such as the closure of the bank account you have registered with JASSO, there is an obstacle to your receiving the Student Emergency Aid for Continuance of Studies, then enter this information. (JASSO scholars must separately provide notification of changes to their bank account information.)

		Account Holder Name (Kana) ter the account holder name on your passbook.		クマダイ タロウ (in kana)					
A→	(Applies to institutions of	ther than Japan	Post Bank.)						
	Name of Institution & Branch	Bank Credit Union Agricultural Cooperative						Branch Office Sub-office	
	Bank Code			Brancl	h Code				
	Account Type		Be sure to	o fill in the	account r	ame (in	kana) and	d provide	
	Account #		the correct	t informati	on for eith	er bank A	or B.		
	*Fill in from right side.								
B→	(Japan Post Bank)								
		Code							
	Is a set D set D set Is	(5 digits)							
	Japan Post Bank	Number							
		(8 digits)							
-								_	

3. Matters to be notified



\*Fill out the box below if you wish reasons such as: it is difficult for you to submit the required credentials; you have multiple children or single-parent in the household; the situation of your application for an individual tuition reduction or exemption at your university or another institution, etc. Do not enter questions or other inquiries here, as you will not receive a reply.

Please be sure to include the following information in the "3. Matters to be notified"	ime job you
[All Applicants]	details.
• Regarding of requirement (3) of Form 2, fill in details about the situation, reasons, and	
family circumstances.	
• Regarding of requirement (4) of Form 2, fill in details about your part-time job income situation.	
<ul> <li>fill in your tuition payer (applicant or family member).</li> </ul>	
[Applicable only]	
<ul> <li>If there are two or more family members in the same household, including the applicant, enter their family composition.</li> </ul>	
• If you selected (5)-3) in Form 2 and did not use any economic support or scholarships	
in FY2021, provide details about any economic support (such as application for tuition	
exemption) or scholarships you plan to use in the future.	
• If you are unable to submit proof of part-time income, please provide the reason(s) and	
the circumstances that prevent you from doing so.	

\*Enter a circle under "Check" next to any of the following documentation that is appended. If none of the listed documentation applies, write the name of the appended documentation and enter a circle next to it under "Check."

Check	Document					
	Copy of rental agreement for apartmen supporter's residence)	nt or other residence (only for students not living in a				
	Copy of deposit passbook (optional)	←In university, it's not optional, it's required.				
	Certificate proving receipt of public support in response to the COVID-19 (if available to submit)					
	Payment statements from employer for part-time work (before and after reduction *If the statement showing the reduction in income is for last fiscal year, attach showing part-time income during this fiscal year.) (optional)					
	Copy of scholarship certificate or others					
	Other ( )					
	←Fill in the check mark to the submission documents column.					

The information you submit will be used for JASSO's Student Emergency Aid for Continuance of Studies. The information will be provided as necessary to the Ministry of Education, Culture, Sports, Science and Technology, schools, financial institutions, and contractors within the appropriate scope for carrying out this purpose, and shall not be used for any other purpose.

In addition, your information will be provided within the appropriate scope if used for cross-reference to, for example, prevent redundant scholarship payments from administrative organs, public interest corporations, and so on.

## Application for the Student Emergency Aid for Continuance of Studies

To:

### President of the Japan Student Services Organization (JASSO)

I hereby apply to the Japan Student Services Organization (JASSO) for the Student Emergency Aid for Continuance of Studies.

If I am currently a JASSO scholarship recipient, I consent to the use of my bank account information in JASSO's possession for transferring the funds for the Student Emergency Aid for Continuance of Studies.

#### 1. Basic Information

			Submission	Date (Year:	_Month:
			Date		Day:)
Yo	our School				
St	udent ID #				
	Kana (Family		Kana (Given		
	Name)		Name)		
Name	Kanji (Family Name)		Kanji (Given Name)		
Da	te of Birth	Year: Month: Day:	Phone #		

#### 2. Bank Transfer Information

\*JASSO scholars do not need to enter this information. However, if you are a JASSO scholar but if, due to a reason such as the closure of the bank account you have registered with JASSO, there is an obstacle to your receiving the Student Emergency Aid for Continuance of Studies, then enter this information. (JASSO scholars must separately provide notification of changes to their bank account information.)

Account Holder Name (Kana)	
*Enter the account holder name on your passbook.	

(Applies to institutions other than Japan Post Bank.)

Name of Institution & Branch		Bank Credit Union Agricultural Cooperative						Branch Office Sub-office
Bank Code	Branch Code							
Account Type		Ordinary deposits						
Account #								
*Fill in from right side.								
(Japan Post Bank)						_		
	Code							
Japan Post Bank	(5 digits)							
	Number							
	(8 digits)							

#### 3. Matters to be notified

- \*Fill out the box below if you wish to have the aids for reasons such as: it is difficult for you to submit the required credentials; you have multiple children or single-parent in the household; the situation of your application for an individual tuition reduction or exemption at your university or another institution, etc. Do not enter questions or other inquiries here, as you will not receive a reply.
- \*If you are a first-year student at a university or other such institution and you lost a part-time job you were scheduled to begin or are experiencing other such circumstances, please enter those details.

#### 4. Appended Documentation

\*Enter a circle under "Check" next to any of the following documentation that is appended. If none of the listed documentation applies, write the name of the appended documentation and enter a circle next to it under "Check."

Check	Document
	Copy of rental agreement for apartment or other residence (only for students not living in a supporter's residence)
	Copy of deposit passbook (optional)
	Certificate proving receipt of public support in response to the COVID-19 (if available to submit)
	Payment statements from employer for part-time work (before and after reduction in pay. *If the statement showing the reduction in income is for last fiscal year, attach statement showing part-time income during this fiscal year.) (optional)
	Copy of scholarship certificate or others
	Other ( )

The information you submit will be used for JASSO's Student Emergency Aid for Continuance of Studies. The information will be provided as necessary to the Ministry of Education, Culture, Sports, Science and Technology, schools, financial institutions, and contractors within the appropriate scope for carrying out this purpose, and shall not be used for any other purpose.

In addition, your information will be provided within the appropriate scope if used for cross-reference to, for example, prevent redundant scholarship payments from administrative organs, public interest corporations, and so on.