

Example

## Oath Concerning Requirements to Receive Continuation of Studies

Please fill in tick the appropriate box.  
If you are unable it, please fill in the Form 1- 3 in detail about the circumstances that make you unable to tick the box (i.e. you do not meet the application requirements) but still need the benefit.

To apply for the Student Emergency Aid for Continuation of Studies provided by the Japan Student Services Organization, I have confirmed that I meet application criteria (1) through (5) below.

Requirement Checklist	Checkbox (✓)	Amount (Annual)
(1) You are not living in a supporter's residence OR you are living in a supporter's residence but you are not receiving support from family.	<input type="checkbox"/>	
(2) You are not receiving the amount your family full-year amount you would expect. <span style="border: 1px solid red; padding: 2px; display: inline-block;">If you are receiving tuition from a family member (other than applicant and spouse), enter the amount "54"(540,000 yen). If you do not receive any money from your family, enter "0".</span>	<input type="checkbox"/>	yen
(3) Due to a loss of income to receive additional support from your family.	<input type="checkbox"/>	
(4) You have been affected by the loss of part-time income due to the coronavirus pandemic (including compensation for absence from work through the employment adjustment subsidy). You fall into one of the three categories below.	<input type="checkbox"/>	
1) The situation continues in which you are not able to receive the expected amount of part-time income.	<input type="checkbox"/>	
2) Compared to before the COVID-19 pandemic, your part-time income has significantly dropped (50% or more), and that situation will not improve this fiscal year.	<input type="checkbox"/>	
3) Even though your part-time income has increased and reached a stable level, the financial situation at your home has worsened, forcing you to increase your part-time income, making it difficult to continue your studies.	<input type="checkbox"/>	
(5) You qualify for one or more of the following programs.	<input type="checkbox"/>	
1) You are an applicant to the New System or plan to use the New System AND you are using your entire Category I scholarship (interest-free scholarship loans).	<input type="checkbox"/>	
2) You are not eligible for the New System AND you are using your entire Category I scholarship (interest-free scholarship loans).	<input type="checkbox"/>	
3) You cannot use the New System or a Category I scholarship (interest-free scholarship loans), financial support from your family, or the private student support (kushon) or Honors Scholarship for Privately-financed International Students. <span style="border: 1px solid red; padding: 2px; display: inline-block;">International students can only select 3), do not select 1) or 2).</span>	<input type="checkbox"/>	

yen

Please fill in tick the appropriate box.

I hereby swear that the above information is true and I agree that if the information in this application is false, then I shall return the funds.

Date (Year: 2022 Month: 3 Day: 11 )

School: Kumamoto University Dept./Faculty/Graduate School: Faculty of Letters

Student ID # 200-L1023

Signature: *Tarou Kumadai*

The form must be signed by the applicant (hand writing).  
Printed letters or entries made by a proxy are not acceptable.

FORM 2

## Oath Concerning Requirements to Receive the Student Emergency Aid for Continuance of Studies

To apply for the Student Emergency Aid for Continuance of Studies provided by the Japan Student Services Organization, I have confirmed that I meet application criteria (1) through (5) below.

Requirement Checklist	Checkbox (✓)	Amount (Annual)
(1) You are not living in a supporter's residence OR you are living in a supporter's residence but you are not receiving support from family.	<input type="checkbox"/>	
(2) You are not receiving large sums from family. *If you are a first-year student, enter the amount your family plans to send you. If you are in your second or later year, enter the full-year amount you were sent in the 2020 school year.	<input type="checkbox"/>	yen
(3) Due to a loss of income for your family (parents) or other such reason, you do not expect to receive additional support from your family.	<input type="checkbox"/>	
(4) You have been affected by the loss of part-time income due to the coronavirus pandemic (including compensation for absence from work through the employment adjustment subsidy). You fall into one of the three categories below.	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
(5) You qualify for one or more of the following programs.	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

I hereby swear that the above information is true and I agree that if the information in this application is false, then I shall return the funds.

Date (Year: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_)

School: \_\_\_\_\_ Dept./Faculty/Graduate School: \_\_\_\_\_

Student ID # \_\_\_\_\_

Signature: \_\_\_\_\_