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| For administrative use |  |

Graduate School of Public Health, St. Luke’s International University

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| Scholarship Application Form | | | | | | |
| To: President, St. Luke’s International University    I am submitting the following documents for consideration for a scholarship award for studies at the Graduate School of Public Health. I certify that all information below and attached is true and accurate.  Signature: | | | | | | |
| Date: | | | | | | |
| \*Required documents: The following document of each of the applicant and the working family members living with the applicant.  - Documentation of previous year’s income | | | | | | |
| Name |  | | | | Nationality |  |
| Program | 1-year MPH  2-year MPH  3-year MPH  Doctoral | | | | | |
| Current Address |  | | | | | |
| Family Information: Please enter the following information for all family members living with you. | | | | | | |
| Name | | Age | Relationship with the applicant | Occupation (Company name and position; or school name if student) | Gross Annual Salary (please convert to Japanese yen) | |
|  | |  | Self |  | JPY | |
|  | |  |  |  | JPY | |
|  | |  |  |  | JPY | |
|  | |  |  |  | JPY | |
| Please indicate your future income status if you are accepted into the GSPH.  Circle one of the following: No income ・　Part-time job income　・　Full-time job income | | | | | | |
| Expected Amount of Income | | | | JPY | | |
| Please explain why you feel you need a scholarship (ex., describe your financial condition and/or that of your family, particular financial hardships, etc.). | | | | | | |
| Please let us know about any other scholarships that you have received in the past, are receiving at present or for which you have applied | | | | | | |
| Scholarship name:  Monthly/ Yearly amount: JPY　　　　　　　　　 Period: | | | | | | |
| Scholarship name:  Monthly/ Yearly amount: JPY　　　　　　　　　 Period: | | | | | | |

(Note) Your personal data is only used for selection purposes.