**No.1**

**《**Soka University International Student Application for Academic Fee Exemption**》**

1. Applicant

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Student No. |  |
| Birthday | year / month / date |
| Address |  | Sex | Male ・ Female |
| Nationality |  |
|  | Family Member Information |
| Relationship | Name | Age | Occupation/Position  | Is he/she studying at Soka University? |
| 　 | 　 | 　 | 　 |  |
| 　 | 　 | 　 | 　 |  |
| 　 | 　 | 　 | 　 |  |
| 　 | 　 | 　 | 　 |  |
| 　 | 　 | 　 | 　 |  |

1. Annual Household Income

　Write the total household income for last year. In principle, household income refers to those of the parents. The household income will be converted to Japanese currency based on the end of the year of 2017 dollar-yen central rate in Tokyo Foreign Exchange Market.

|  |  |  |
| --- | --- | --- |
| Total Annual Household Income | Please write using your local currency (USD, KRW, CNY, etc.): |  |

Statement

Income of the father:　　　　　　　　　　　　　　　　　Income of the mother:

You must submit annual income from **both** of your parents. Please attach the documents that show the annual income, such as a certificate for income tax.

In the case of one of your parents has no income, you must attach an official declaration of no income.

If there is difficulty for submitting the declaration no income from one of your parents, you can ask your parent to fill in the “Declaration for no income” (separate form).

I hereby certify that the above information is true and correct. We apply for the Soka University’s academic fee exemption.

 Date (year/month/date): 　　　　 Applicant (signature):

\* Personal information provided to the University will be used for administrative and communication purposes only. The University will handle all information in accordance with the school’s regulation on the protection of personal information.

\* If we discover a false statement, we will request the scholarship refund.

**No.2**

**Declaration of no income**

For applicant’s parent

If you have no income, please inform the reason and circumstances.

You have to write your signature below as declaration, which will be considered as a declaration of no income.

\* If the applicant does not submit a proof of annual income for at least one parent, this declaration will not be accepted and the scholarship application will be rejected.

\* The declaration of no income must be signed by the parent.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name), hereby certify that I have no income due to

(Homemaker / job hunting / retirement / health reason / other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

I hereby certify that the above information is true and correct. I wish to apply for the Soka University’s Academic Fee Exemption Scholarship.

If there is any false statement within the application, I will refund for the scholarship.

Financial Supporter (signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to the applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_