Fujita Academy Grant Application Sheet

Please fill the form and submit the sheet along with required documents.

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| **Applicant’s Information** |
| Application date(MM/DD/YYYY) |  |
| Name (First/Middle/Last) |  |
| Applying Course | [ ] Master’s [ ] DoctoralApplying FieldResearch Field ( )Department ( )Professor’s name ( ) |
| Applying Admission | [ ] Spring Admission（20＿） [ ] Autumn Admission(20\_\_) |
| Current Living location | [ ] Japan [ ] Other country ( ) |
| Contact information (email) |  |
| Financial Situation | 1. Do you receive allowance from your family or relatives from your home country?[ ] No [ ] YesYes > How much do you receive per month? (　　　　) / month2. Do you have any financial supporters in Japan? [ ] No [ ] Yes3. Are you receiving any other scholarships which prohibits you to receive other scholarship? [ ] No [ ] YesYes > If you are receiving any scholarship, please notify below,　　 Name of Scholarship：　　　　　　　 　 Price ：(　　　　　　　　)/ month**＊Important Note :** Fujita Academy Grant recipients are not allowed to receive multiple subsidies or financial support simultaneously. If you become entitled to receive another subsidy or financial support, Fujita Academy Grant may be suspended after careful consideration of our grant committee. |
| **Submitting Documents** |
| Documents list(Check if they are attached) | [ ] Fujita Academy Grant Application Sheet (this format)[ ] CV (including your academic career, research career, publication if available)[ ] Latest or provisional certificate of degree or diploma[ ] Latest or provisional transcript[ ] Statement of purpose (free format)[ ] Other ( ) |

I declare the statements above are true and I understand the conditions of the Fujita Academy Grant and I would like to apply for admission at Fujita Health University.

Signature

Please submit this sheet to your professor along with required documents. The application will be forwarded to the professor.

<Contact> Center for International Relations, Fujita Health University e-mail: c-int-rl@fujita-hu.ac.jp