

Scholarship Application Form						
MM/DD/YY Dear Nagoya City Board of Education: I agree that information regarding the address of the applicant and their parent/guardian(s) may be verified by the school principal and Nagoya City Board of Education as part of the screening process in order to receive the scholarship aid and I hereby apply for the scholarship.						
Student	Katakana				Date of Birth	MM/DD/YY
	Full Name					
	Current Address	Zip Code:				
	School Name			Date Enrolled (Grade Year)	MM/DD/YY (Grade :)	
Parent/Guardian 1	Katakana		Relationship to Student		Date of Birth	MM/DD/YY
	Full Name					
	Current Address	Zip Code:				
Parent/Guardian 2	Katakana		Relationship to Student		Date of Birth	MM/DD/YY
	Full Name					
	Current Address	Zip Code:				
Declaration	☐ The parent / guardian of the student is exempt from paying residents tax for the fiscal year he / she applied. ☐ As of the base date, the student is not receiving public assistance in the form of livelihood assistance under the Public Assistance Act and for Measures for Facilities to which Children are Admitted under the Child Welfare Act (Limited to field trip expenses and special training expenses). ☐ The parent / guardian of the student is not exempt from paying residents tax, however his or her income for 2026 is at the same level or lower than the eligible amount to qualify to be exempt from paying residents tax. Reason(s) for loss of income Explanation ()					
	Consent	☐ I consent to the school principle and the Nagoya City Board of Education checking the information, regarding my: residents taxes, public assistance, and information related to Measures for Facilities to which Children are Admitted under the Child Welfare Act (limited to field trip expenses and special training expenses) during the eligibility screening process.				

Point: 1 Please place a check mark in the ☐ that apply to you.

2 In the sections titled Parent/Guardian 1 and 2, please fill out the information of the custodial parent(s) of the student, a guardian of a minor for the student (excluding those who are only authorized to manage legal entities and estates), the primary supporter of the student's household, or the applicant himself/herself (student).

If the parent/guardian 1 who has custody of the student has remarried, please fill out section Parent/Guardian 2 with the spouse's information. Even if custody is shared by both parents after divorce, the information of a custodial parent who does not share finances with the student shall not be written in the parent/guardian section.

3 Please include all parents / guardians of the student

Note: This document must be printed on Japanese standard A4 sized paper.

Scholarship Request Form

Date: MM/DD/YY

Dear:
Mayor of the City of Nagoya

I hereby submit a request for a scholarship.

72,000 yen

Address _____

Full Name _____
(Student Applicant Number : _____)

Bank Account

Financial Institution Name									Branch Name	
Bank Code					Branch Code			Account Type	① Normal	
Account Number										
Account Holder Name										
Account Holder Name (Katakana)										

Note: This document must be printed on Japanese standard A4 sized paper.

【School Name: _____】
 [School Year: _____ Grade _____]

A copy of the bankbook of the bank account (attach below)

Please attach a copy of the inside cover of the bankbook which displays the bank name, account holder (registered name and katakana), for the bank account which is to receive the scholarship payment.

School Name _____

Grade: _____ Full Name _____

* If you use an erasable ballpoint pen, correction tape, or white-out, please start over on a new form.
If you make a mistake, strike through it with two parallel lines, and have the entry person write the correct entry above the error.

The student and their parent/guardian(s) must print their own name in the box titled Full Name. Please write your name exactly as it appears on your Residence Certificate; if you commonly use a different name, add that name in parenthesis as well.

Fill out the section titled Student with the information of the student applying for the scholarship.

In the sections titled Parent/Guardian 1 and 2, fill out the information of the custodial parent(s) of the student. If nobody has custody, fill out the information of the student's guardian of a minor (excluding those who are only authorized to manage legal entities and estates) or the primary supporter of the student's household. If the parent/guardian 1 who has custody of the student has remarried, please fill out section Parent/Guardian 2 with the spouse's information. Even if custody is shared by both parents after divorce, a custodial parent who does not share finances with the student shall not be written in the parent/guardian section.

*In the case where student's mother has remarried: even if the husband has not adopted the student, please fill out the husband's information in the section titled Parent/Guardian 2.

Place a check in the box after reviewing the information.
If your taxes are exempt, the first two items will apply to you.

If you are also applying for the Aichi Prefecture High School Supplemental Scholarship, by reading and consenting to the terms listed on the application, you are exempt from submitting a taxation certificate. However, if you have not yet declared income for 2025 (including those who didn't receive income), you are required to do that first.

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	Full Name				
	Current Address	Zip Code:			
Parent/Guardian 1	Katakana			Date Enrolled (Grade Year)	MM/DD/YY (Grade :)
	Full Name	Relationship to Student		Date of Birth	MM/DD/YY
	Current Address	Zip Code:			
Parent/Guardian 2	Katakana			Date of Birth	MM/DD/YY
	Full Name	Relationship to Student		Date of Birth	MM/DD/YY
	Current Address	Zip Code:			
Declaration	☐ The parent / guardian of the student is exempt from paying residents tax for the fiscal year he / she applied.				
	☐ As of the base date, the student is not receiving public assistance in the form of livelihood assistance under the Public Assistance Act and for Measures for Facilities to which Children are Admitted under the Child Welfare Act (Limited to field trip expenses and special training expenses).				
Consent	☐ The parent / guardian of the student is not exempt from paying residents tax, however his or her income for 2026 is at the same level or lower than the eligible amount to qualify to be exempt from paying residents tax.				
	Reason(s) for loss of income Explanation ()				
Consent	☐ I consent to the school principle and the Nagoya City Board of Education checking the information, regarding my: residents taxes, public assistance, and information related to Measures for Facilities to which Children are Admitted under the Child Welfare Act (limited to field trip expenses and special training expenses) during the eligibility screening process.				

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National and public schools: 60,000 yen

Private Schools: 72,000 yen

Japan Post Bank is also accepted.

For Japan Post Bank, fill in the name of the branch and the account number found on page two of your bank passbook.

Refer to your bank passbook.
Contact your financial institution if you are missing any information.

Start from left

Scholarship Request Form

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Mayor of the City of Nagoya

I hereby submit a request for a scholarship.

* * , 0 0 0 yen

Address _____

Full Name _____
(Student Applicant Number : _____)

Bank Account

Financial Institution Name		Branch Name	
Bank Code		Branch Code	
Account Number		Account Type	① Normal
Account Holder Name			
Account Holder Name (Katakana)			

Note: This document must be printed on Japanese standard A4 sized paper.

[School Name: _____]
[School Year: _____ Grade _____]

Blank

You must fill in your own name.
Please fill in your name as written on your resident record. If you have a common name, please write it in parentheses ().

Blank

Applicant

Fill in your name in katakana with one space between your first and last name.
Use a separate block for voiced marks such as (力 ") for (ga).
If there are not enough blocks to fill in the account holder's name, please write the full name completely outside of the blocks.