

Study Abroad Funding Plan

Name (Please write your name as it appears on your passport)

Family Name	Given Name(s)

Name in Chinese Characters / Kanji (If applicable) or Katakana (if known)

Family Name	Given Name(s)

Fill in the table below indicating the source and amount of funds for studying at J. F. Oberlin University.

Total amount must exceed the total required for one full academic year of study. Check (✓) all boxes that apply.

Source of Funds		Amount (Currency : JPY)
<input type="checkbox"/>	Applicant	App. _____ JPY / Yr
<input type="checkbox"/>	Relative Name: _____ Relationship to applicant: _____ Address: _____	App. _____ JPY / Yr
<input type="checkbox"/>	Government or other institution Name of scholarship etc.: _____	App. _____ JPY / Yr
<input type="checkbox"/>	Other Details: _____	App. _____ JPY / Yr
Total :		App. _____ JPY / Yr

I declare that the above information is true.

Applicant's Signature : _____ Date: _____

Year / Month / Date