

Public Interest Incorporated Kobe College Megumi Association
Scholarship for Overseas Students
Application Form

To the President of Kobe College Megumi Association

As follows, I would like to apply for Scholarships for Overseas Students.
 I agree that a false application will lead to the cancellation of screening results.

Name (Signature) _____

Date _____

Name			Date of Birth	
Please Print				
Department	Kobe College School of _____		Department of _____	
Term	<Start date> Year : _____ Month : _____ Day : _____			
	< End date > Year : _____ Month : _____ Day : _____			
Address	〒 _____	TEL	_____	
		FAX	_____	
e-mail address		_____		
Department University		_____		
Have you applied for any other scholarships?		Yes • No Circle Yes or No. (If yes, fill in the blanks below)		
Name of the scholarship		_____		
Period of reception		Year : _____ Month : _____ ~ Year : _____ Month : _____		
Amount of scholarship		¥ _____		
Reason for application				

Attachment College transcript Copy of Application for Certificate of Eligibility

 めぐみ会事務局記入欄 For official use only (Please do not fill in this column.)

申請書の受付日	年 月 日
奨学金審議会開催日	年 月 日
理事会承認日	年 月 日 ・ 決定期間 年 月 日 ~ 年 月 日
留学成果報告書	年 月 日