

## Statement of Financial Resources

Nationality \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex : ( M • F )

Doctoral Course Graduate School of Advanced Mathematical SciencesMathematical Sciences • Frontier Media Science Program

Please put a check (✓) in the box(es) of applicable financial supporters that will cover your expenses during the period of study at Meiji University and indicate the amount to be supported.

Financial supporter	Amount
<input type="checkbox"/> Applicant	¥ _____ /year
<input type="checkbox"/> Relatives (Name of supporter : _____) (Relation with applicant : _____) (Address : _____) (TEL : _____)	¥ _____ /year
<input type="checkbox"/> Government / Foundation (Name of scholarship : _____)	¥ _____ /year
<input type="checkbox"/> Others (Details : _____)	¥ _____ /year
<b>Total amount :</b>	¥ _____ /year

I pledge that above mentioned is true and correct.

Applicant's signature : \_\_\_\_\_ Date : \_\_\_\_\_