

Statement of Financial Resources

Nationality _____

Name _____

Date of Birth _____ **Sex : (M / F)** _____

Please check (✓) boxes of applicable financial supporters that will cover your expenses while your study at Meiji University and put 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"/> Other (Details: _____)	¥ _____ /year
Total amount:	¥ _____ /year

I pledge that above mentioned is true and correct.

Applicant's signature: _____ Date: _____