



Nagoya International School FINANCIAL AID APPLICATION

2686 Minamihara, Nakashidami, Moriyama-ku, Nagoya, Japan 463-0002
Tel 052-736-2025 Fax 052-736-3883 Web www.nis.ac.jp Email info@nis.ac.jp

CONFIDENTIAL

FAMILY INFORMATION	(1) Child(ren) for whom aid is requested				
	(Child's Full Name)			(Date of Birth)	(Grade)
	(2) Other dependent children not at NIS				
	(Name)		(School)	(Date of Birth)	(Grade)
(3) Dependents other than children (Please indicate degree of support and approximate annual cost)					
(Name)	(Age)	(Relationship)	(Degree of Support)	(Annual Cost)	

EMPLOYMENT INCOME & ASSETS	(4) Employment			
	(Father)	(Organization Name)		(Title/Position Held)
	(Mother)			
	(5) Compensation (Itemize and list ALL FAMILY INCOME anticipated for the period of the school year requesting aid (July 1-June 30 of the next year), except for the categories listed in question #6 ("Assets and Income in Kind"). Among types of income that should be itemized include funds to support the family received from other family members, relations, friends, your employer or governments, including scholarships, educational allowances, vacation allowances, bonuses, child support, alimony, net salaries from business or professional royalties.			
	(Type of Income/Compensation)	(Amount)	(Type of Income/Compensation)	(Amount)
	1.		5.	
	2.		6.	
3.		7.		
4.		TOTAL ANTICIPATED INCOME : (Adding Lines 1-7)		

OTHER INCOME, BENEFITS & ASSETS	(6) Assets and Income In-Kind			
	(A) Housing			
	Total home floor area:	Tsubo/m ²	(Circle A, B, C or D) (A.) We RENT the home (B.) We OWN the home (C.) EMPLOYER owns the home (D.) Other:	
	If you are RENTING, list the amount of "Key Money" paid: ¥	If you are RENTING, list monthly rent paid: ¥	If your EMPLOYER or ANOTHER PARTY pays or reimburses rent, list amount paid monthly: ¥	
	(B) Furnishings List household furnishings that are supplied by employer/other party:			
	1.		3.	
	2.		4.	
	(C) Utilities & Heating (Annual Costs/Reimbursements)			
	1. Water (annual): ¥	Reimbursed amount:	3. Electricity (annual): ¥	Reimbursed amount:
	2. Gas (annual): ¥	Reimbursed amount:	4. Other (annual): ¥	Reimbursed amount:

OTHER INCOME, BENEFITS & ASSETS (cont.)	(D) Automobile List make, model and year, and the total amount of expenses paid by employer/other party (i.e. vehicle tax, insurance, inspection costs, repairs & service, gas & oil, etc.)					
	(Car Make)		(Model)	(Year)	(Ownership: circle A, B or C)	
					Our car is: (A.) Personally Owned (B.) Owned by and/or loaned to us by a family member (C.) Employer Owned	
	(Type of expense reimbursed by other party)			(Amount)	(Type of expense reimbursed by other party)	
	1.				2.	
	(E) Medical, Dental & Eye Expenses List types and amounts of medical, dental and eye benefits that are paid by employer/other party:					
	(Type of expense reimbursed by other party)			(Annual amount)	(Type of expense reimbursed by other party)	
	1.				2.	
	(F) Gifts List average annual value of gifts received (i.e. as from supporting church organizations, etc.)					
	(Type of gift & Organization Name)		(Annual amount)	(Type of gift & Organization Name)		(Annual amount)
1.			2.			
(G) Life Insurance/Insurance Policies For each policy, list the name(s) of the insured, the type of insurance, the annual premium and the current cash value						
(Person(s) Insured)		(Insurance Type)	(Annual Premium)	(Present face value/cash value)		
1.						
(Person(s) Insured)		(Insurance Type)	(Annual Premium)	(Present face value/cash value)		
2.						
(H) Other Assets List real estate holdings other than your own home, stocks, bonds, and bank deposits, their current value, and approximate annual income received in rents, dividends						
(Asset) or interest		(Current Value)	(Annual income)	(Asset)	(Current Value)	(Annual income)
1.				3.		
2.				4.		

TAX	(7) Income Tax Evidence of both your most recent income and income tax paid must be submitted together with this application. Income/Tax statements must be validated.					
	(In what country did you last pay a full year's national income tax?)			(Tax Year for which you paid)		
				(date from)	(date to)	
(Gross Income reported for the year)			(Total tax)	(Amt. of tax paid by employer)		

DEBT	(8) Debt List any/all indebtedness that you have at the present time (loans, credit cards, etc.)					
	(Type of debt)		(Amount of debt)	(Type of debt)		(Amount of debt)
	1.			3.		
	2.			4.		

CONCLUSION	(9) Conclusion Statement Describe any special family circumstances not covered by your answers above that will help explain your situation and need					
	Minimum amount of Financial Aid you consider necessary in order to keep your child(ren) enrolled in NIS for the school year:			¥		

SERVICE	By applying for this aid you are freely agreeing to perform some voluntary services for the school. Please check (✓) all areas that apply where you or a family member may be of service:					
	<input type="checkbox"/> Work in Library during school day		<input type="checkbox"/> Building & Grounds Saturday work days		<input type="checkbox"/> Teaching Assistant/Aide	
<input type="checkbox"/> PTA Wednesday work days		<input type="checkbox"/> Other: _____				

In applying for Financial Aid from the Nagoya International School, I conscientiously declare that the answers to the foregoing questions are true and complete.					
_____			_____		
Signature of Parent (or Legal Guardian)			Date		