



Nagoya International School

NIS Scholarship Application

For Needs-Based Scholarship Consideration

CONFIDENTIAL

FAMILY / DEPENDENT INFORMATION	(1) Child(ren) for whom a scholarship is being requested			
	<i>(Child's Name)</i>	<i>(Age)</i>	<i>(Grade)</i>	
	(2) Other dependent children not attending NIS			
	<i>(Name)</i>	<i>(School)</i>	<i>(Age)</i>	<i>(Grade)</i>
(3) Dependents other than children <i>(Indicate degree of support and approximate annual cost)</i>				
<i>(Name)</i>	<i>(Age)</i>	<i>(Relationship)</i>	<i>(Degree of Support)</i>	<i>(Annual Cost)</i>

EMPLOYMENT INCOME & ASSETS	(4) Employment Information <i>(Full-time & Part-time)</i>			
		<i>(Company/Organization Name)</i>	<i>(Title/Position Held)</i>	
	Father/ Guardian #1	1.		
		2.		
	Mother/ Guardian #2	1.		
		2.		
	(5) Compensation			
	<i>Itemize and list ALL FAMILY INCOME anticipated for the period of the school year requesting support (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.</i>			
	<i>(Type of Income/Compensation)</i>	<i>(Amount)</i>	<i>(Type of Income/Compensation)</i>	<i>(Amount)</i>
	1.		5.	
2.		6.		
3.		7.		
4.		TOTAL ANTICIPATED INCOME : <i>(Adding Lines 1-7)</i>		

OTHER INCOME, BENEFITS & ASSETS	(6) Assets and Income In-Kind			
	(A) Housing		<i>(choose)</i>	
	<i>Total home floor area:</i> <i>Tsubo/m²</i>		<input type="checkbox"/> We RENT our home <input type="checkbox"/> We OWN our home <input type="checkbox"/> Our EMPLOYER owns our home <input type="checkbox"/> Other:	
	<i>If RENTING, list amount of "Key Money" paid:</i> ¥		<i>If RENTING, list monthly rent you paid:</i> ¥ / month	
			<i>If EMPLOYER or ANOTHER PARTY pays or reimburses rent, list amount you paid monthly:</i> ¥ / month	
	(B) Furnishings <i>List household furnishings that are supplied by employer/other party:</i>			
	1.		2.	
3.				
(C) Utilities & Heating <i>(Annual Costs/Reimbursements)</i>				
1. <i>Water (annual):</i> ¥ <i>Reimbursed amount:</i>		3. <i>Electricity (annual):</i> ¥ <i>Reimbursed amount:</i>		
2. <i>Gas (annual):</i> ¥ <i>Reimbursed amount:</i>		4. <i>Other (annual):</i> ¥ <i>Reimbursed amount:</i>		

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 #1 Make)		(Model)	(Year)	(Choose one)		
					Our car is: <input type="checkbox"/> Personally Owned <input type="checkbox"/> Owned by and/or loaned to us by a family member <input type="checkbox"/> Employer Owned		
	(Car #2 Make)		(Model)	(Year)	(Choose one)		
					Our car is: <input type="checkbox"/> Personally Owned <input type="checkbox"/> Owned by and/or loaned to us by a family member <input type="checkbox"/> 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)			
1.				2.			
(G) Life Insurance / Insurance Policies List the name(s) of the insured, the type of insurance, the annual premium and the current cash value of each policy							
(Person(s) Insured)		(Insurance Type)		(Annual Premium)	(Present face value/cash value)		
1.							
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 or interest							
(Asset)		(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)		(Amount 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 scholarship support that 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 support the school in some way. Please choose any/all areas that apply where you or a family member may be of service:					
	<input type="checkbox"/> Be an active Parent Partner (Outreach, Transitions or PTA) <input type="checkbox"/> Volunteer in some way: _____ <input type="checkbox"/> Proctor Tests when needed <input type="checkbox"/> Other: _____					

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