



K. International School Tokyo

Future Horizons Scholarship Program

FINANCIAL NEED VERIFICATION FORM



Guidelines for completing this form:

- Students are selected for the Future Horizons Scholarship Program based on various factors, with priority consideration given to demonstrated financial need.

A **full scholarship** covers the cost of tuition, room and board, school books, International Baccalaureate exam registrations fees, school field trips, project week and other costs related to the program of study at KIST (visas, health insurance, etc.), including, if needed, transportation to Tokyo at the start of the program and transportation home upon graduation.

Depending on appraised financial need, a **partial scholarship**, representing a percentage of the full scholarship, may be awarded.
- The Selection Committee reserves the right to independently verify any information provided in this form, supplemental documentation and/or any other application materials.
- Complete Sections A to F of this form, typed or written clearly in dark ink.
- A list of supplemental documents which should be submitted with the Financial Need Verification form is provided in Section F of this form. **Incomplete forms and/or supplemental documentation arriving at a later date will not be considered.**
- Documentation may be sent digitally to info@kist.ed.jp or by post to the school. **Please submit clear scans/photocopies of supplemental documents. No documents will be returned to the applicant.**
- If you are unable to obtain a requested supplemental document, please provide a rationale for this on a separate sheet of paper and sign to certify the rationale.
- Please note that the selection committee may request further documents, and/or document originals, if deemed needed for further verification.
- Please note that the final amount of scholarship granted is at the discretion of the Selection Committee and that all decisions are final and will be made based on the information provided in submitted documentation and available scholarship funding.
- Late submission of forms/supplemental documentation and/or submission of documentation containing false information will lead to automatic disqualification of the applicant.
- All information provided is kept confidential within the KIST admissions department and the FHSP Selection Committee.

Section A

Household Information

1) Name of Applicant: _____

2) Please provide the following guardian details:

| | |
|-------------------|--|
| Guardian 1's name | |
|-------------------|--|

| | |
|----------------------------------|--|
| Relation to the applicant | |
| Nationality | |
| Home address | |
| | |
| Country of residence | |
| Email address | |
| Phone (Res) number | |
| Mobile number | |
| Present occupation | |
| Title/designation | |
| Company/employer name | |
| Employer business address | |
| | |
| Employer email address | |
| Employer phone number | |

| | |
|----------------------------------|--|
| Guardian 2's name | |
| Relation to the applicant | |
| Nationality | |
| Home address | |
| | |
| Country of residence | |
| Email address | |
| Phone (Res) number | |
| Mobile number | |
| Present occupation | |
| Title/designation | |
| Company/employer name | |
| Employer business address | |
| | |

| | |
|-------------------------------|--|
| Employer email address | |
| Employer phone number | |

3) Please provide details below regarding all household members living with the applicant.

| Household member name | Relation to the applicant | Contributing to household income? (Yes/No) |
|------------------------------|----------------------------------|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Total number of household members living with the applicant: _____

4) Please provide details below regarding all dependents not living with the applicant.

| Dependent name | Relation to the applicant | Age |
|-----------------------|----------------------------------|------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Total number of dependents not living with the applicant: _____

5) Please provide details below regarding all siblings currently studying in formal educational programs.

| Sibling Name | School name | Grade | Monthly expense |
|---------------------|--------------------|--------------|------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Section B
Income, Assets and Properties Financial Information

- 1) Please complete the following monthly income information in Japanese Yen equivalent values ([click here to access the Google Currency Converter](#)). Insert NA for items which are not applicable.

| Per Month Income (in JPY) | Guardian 1 | Guardian 2 | Other member(s) |
|--|------------|------------|-----------------|
| Income (business/employment/retirement) | | | |
| Investment income | | | |
| Property income | | | |
| Other sources of income – identify below | | | |
| TOTAL MONTHLY HOUSEHOLD INCOME (in JPY) | | | |

Please describe other sources of income indicated above: _____

- 2) Please complete the following asset information in Japanese Yen equivalent values ([click here to access the Google Currency Converter](#)). Insert NA for items which are not applicable

| Value of Assets (in JPY) | Guardian 1 | Guardian 2 | Applicant | Other member(s) |
|------------------------------------|------------|------------|-----------|-----------------|
| Land/property | | | | |
| Savings account(s) | | | | |
| Investments | | | | |
| Other assets (jewelry, bonds etc.) | | | | |
| TOTAL ASSET VALUE (in JPY) | | | | |

Please describe other assets indicated above: _____

- 3) Please provide the following information related to your current accommodation.

| | | | |
|---|---------------------------------|--|---------------------------------------|
| What type of accommodation do you currently reside in? (check one) | | | |
| <input type="checkbox"/> House | | <input type="checkbox"/> Apartment | |
| <input type="checkbox"/> Other: _____ | | | |
| What is ownership status of your current accommodation? (check one) | | | |
| <input type="checkbox"/> Family owned | <input type="checkbox"/> Rented | <input type="checkbox"/> Government provided | <input type="checkbox"/> Other: _____ |
| How many rooms does your current accommodation have | | | |
| Bedrooms: _____ | | Bathrooms: _____ | |
| Other rooms: _____ | | | |

4) Please indicate the number of the following appliances/services at your current accommodation.

| Item | Number | Item | Number |
|----------------------|--------|---------------------------|--------|
| Air Conditioner | | Refrigerator | |
| Telephone Connection | | Internet Connection | |
| Washing machine | | Computer/laptop/tablet | |
| Television | | Vehicle (car, motorcycle) | |

5) Do you employ any domestic assistance? _____

Section C
Liabilities and Expenses Financial Information

1) Please complete the following liabilities information in Japanese Yen equivalent values ([click here to access the Google Currency Converter](#)). Insert NA for items which are not applicable.

| | |
|--|--|
| Total amount of loans arranged with external sources (loans, etc.) in JPY | |
| Amount outstanding on above loan amount | |
| Describe reason(s) for obtaining the loan(s) | |
| State the source of the loan (i.e. bank, relative/informal source, credit, etc.) | |
| State the maturity date(s) of the loan(s) | |
| What is the monthly repayment in JPY? | |

2) Please complete the following monthly expenses information in Japanese Yen equivalent values ([click here to access the Google Currency Converter](#)). Insert NA for items which are not applicable.

| Expense | Monthly amount (in JPY) | Expense | Monthly amount (in JPY) |
|-----------|-------------------------|----------------------|-------------------------|
| Rent | | Food & clothing | |
| Telephone | | Educational expenses | |
| Internet | | Fuel charges | |

| | | | |
|--|--|---------------------|--|
| Cable television | | Medical | |
| Mobile phone | | Income/property tax | |
| Electricity | | Maid/driver | |
| Gas | | Other: _____ | |
| Water | | Other: _____ | |
| Sewage | | Other: _____ | |
| TOTAL MONTHLY EXPENSES (in JPY) | | | |

Section D
Other Information

- 1) Please list clubs/societies/organizations which any member of your household currently holds membership. Insert NA if not applicable.

| Organization name | Member since | Annual Fees (in JPY) |
|-------------------|--------------|----------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

- 2) Please provide details of any travel abroad by members of the household over the past two years. Insert NA if not applicable.

| Visited country(ies) and city(ies) | Duration of visit | Number of household members | Financed by |
|------------------------------------|-------------------|-----------------------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

- 3) What financial assistance is **required** for the applicant to participate in the FHSP at KIST? Check which applies for each item. For partial scholarship, please indicate (in Japanese Yen equivalent) **how much assistance can be provided by the applicant.**

| | Full scholarship | Partial scholarship | Not needed |
|---|------------------|---------------------|------------|
| Tuition | | | |
| School expenses (books, supplies, uniform, exam fees, etc.) | | | |
| Computer | | | |
| Housing | | | |
| Food | | | |
| Insurance | | | |
| Flights | | | |
| Spending money | | | |

- 4) If you have any further information/ comments which will support this financial need verification, please indicate so below:

Section E
Certification of Understanding

In signing below, I certify that the information given in this application is true to the best of my knowledge and I understand that any incorrect information will result in the cancellation of this application.

Further, should a scholarship be granted and any information given in this application found to be incorrect or false afterwards, I understand that the candidate may be removed from the program and returned home immediately at the family's expense.

| | | |
|------------------------|------------------|-------------|
| Guardian 1 name | Signature | Date |
| | | |
| Guardian 2 name | Signature | Date |
| | | |
| Applicant name | Signature | Date |
| | | |

Section F

Required Supplemental Documentation

The Financial Need Verification form should be submitted along with the following supplemental documents. **Supplemental documentation arriving at a later date than this form will not be considered.**

Documentation may be sent digitally to info@kist.ed.jp or by post to the school. **Please submit clear scans/photocopies of supplemental documents. No documents will be returned to the applicant.**

Please note that the selection committee may request further documents, and/or document originals, if deemed needed for further verification.

Please tick below to indicate which documentation is being submitted with this form. If you are unable to provide a requested supplemental document, please provide a rationale for this on a separate sheet of paper and sign to certify the rationale.

| Check | Document |
|-------|---|
| | Monthly income statement (pay slip, pension slip, etc.) for all members of the household receiving income |
| | Bank statements for the last three months for BOTH guardians |
| | A detailed list of investment holdings (stocks, bonds, property, etc.) |
| | Accommodation rental agreement or loan agreement indicating monthly rent/loan repayment |
| | Latest statement of tuition and related fees from the institute the applicant currently attends |
| | Latest statement of tuition and related fees from the institute(s) siblings currently attend |
| | Electricity bill for the last three months |
| | Vehicle ownership registration |
| | Other documents: |