

家計急変世帯対象給付・記入例

For households with sudden financial situation change
How to fill in the Documents

Entry Example Fill in the bold-lined area.

Confirm the entry (家計急変) here.

Write the date this application was prepared.

第1号様式の2
高校生等奨学給付金(家計急変)受給申請書
Application Form for High School Supplemental Scholarship Fund
(For households with sudden financial situation change)

かながわけんりつ がっこうちょう どの 殿
神奈川県立〇〇学校長
かながわけんきょういんかい どの 殿
神奈川県教育委員会

In case of Kanagawa Prefectural Schools
Cases Other than the Above

円 年 月 日

こうこうせいとうしょうがくきゅうふきん じゅきゅう しんせい
高校生等奨学給付金の受給を申請します。
I am applying for High School Supplemental Scholarship Fund.

- person with parental authority (father)
- person with parental authority (mother)
- guardian of minor
- foster parent as a guardian of minor
- primary earner
- student him/herself

申請者 (保護者等)	ふりがな	かながわ いくお	高校生等との関係	<input checked="" type="checkbox"/> 親権者(父) <input type="checkbox"/> 親権者(母) <input type="checkbox"/> 未成年後見人 <input type="checkbox"/> 未成年後見人である里親 <input type="checkbox"/> 主たる生計維持者 <input type="checkbox"/> 生徒本人 <input type="checkbox"/> その他()
	氏名	神奈川 育夫	住所	〒221-0057 横浜府神奈川区青木町〇〇-〇〇-〇〇 日中連絡が取れる電話番号 090-xxxx-xxxx
※ Please enter the column on the right also if you had an address in the municipalities other than the above as of January 1.		1月1日現在の住所	神奈川県 川崎区 <input type="checkbox"/> I do not have an address in Japan.	
申請者 以外の 保護者等	ふりがな	かながわ たかこ	高校生等との関係	<input type="checkbox"/> 親権者(父) <input checked="" type="checkbox"/> 親権者(母) <input type="checkbox"/> 未成年後見人 <input type="checkbox"/> 未成年後見人である里親 <input type="checkbox"/> その他()
	氏名	神奈川 高子	住所	神奈川県 川崎区 <input type="checkbox"/> I do not have an address in Japan.
※ Please enter the column on the right also if you had an address in the municipalities other than the above as of January 1.		1月1日現在の住所	神奈川県 川崎区 <input type="checkbox"/> I do not have an address in Japan.	

Write address, name and daytime contact number of the parent/guardian (person with parental authority) and check the appropriate box of the relation to the student.
If there is a parent/guardian other than the applicant, write the name here and check the appropriate box of the relation to the student.
Write the address as of January 1 if it is different from the current address of city/town/village.

【1】対象となる高校生等について
【Applying Student】

ふりがな	かながわ むいすけ	せいねん	昭和 17年 5月 5日
氏名	神奈川 京介	がっぴ	平成
在学する学校	学校の名称	(国公立) 神奈川県立 〇〇高等 学校	1年
	課程	<input checked="" type="checkbox"/> 全日制 <input type="checkbox"/> 定時制 <input type="checkbox"/> 通信制 <input type="checkbox"/> 専攻科	
過去の高等学校等における在学期間	学校名	平成 年 月 日	学校の種類・課程
	立	平成 年 月 日	在学中に給付金を受給した回数 なし 1回 2回 3回 4回 不明 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
立	平成 年 月 日	学校の種類・課程	在学中に給付金を受給した回数 なし 1回 2回 3回 4回 不明 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Write student's name and
Write about high school enrolled on the qualification base date.
If the student was enrolled in a high school other than the above before the qualification base date, write about the school here.

【2】扶養親族等の状況について
【Dependent Family Members】

続柄	氏名	生年月日	職業・学校名・学年等	課程	給付金の申請の有無	備考
【High School or Other Secondary School Students】※Write if you are supporting high school student(s) other than "Applying Student" shown above.						
姉	神奈川 英子	H15.12.12	国公立 神奈川県立〇〇高等学校 3年	<input type="checkbox"/> 通信制 <input type="checkbox"/> 専攻科 <input checked="" type="checkbox"/> 上記以外	<input checked="" type="checkbox"/> 有 <input type="checkbox"/> 無	
【Siblings Other than the Above】 Write if there is a supporting sibling (except for junior high school student) 15 years of age or older and younger than 23 years on the base date.						
兄	神奈川 学	H11.8.8	無職			
兄	神奈川 教夫	H12.9.9	大学3年			

Write about the supporting high school student and siblings 15 years of age or older and younger than 23 years on the qualification base date.

【3】振込先口座 【Account Information for Direct Deposit】

金融機関名	●●	銀行 信用金庫	▲▲	本振・支店	しん 支店コード	よきん 預金種目
金融機関コード	1 2 3 4	信用組合・農協		本所・支所	0 0 1	ふつ 普通貯蓄
こうばんこう 口座番号	1 2 3 4 5 6 7	口座名義人 (申請者)	※カタカナで記入してください カナガワ イクオ			

Write the account information of the applicant.

【4】保護者等の家計急変の状況について【Sudden Financial Situation Change of Household of Guardian, et

I am submitting the confirmation documents of the household situation for the following person(s).

①	<input checked="" type="checkbox"/>	For two persons with parental authority (both parents)	Even when one of the persons works away from home, submit Kazei Shomeisho for two persons.
②	<input type="checkbox"/>	For one person with parental authority (Except for the head of the Child Consultation Center or the Child Welfare Institution who has legal custody temporarily)	<ul style="list-style-type: none"> There is only one person with parental authority because of divorce or bereavement. Income tax certificate of one of the persons with parental authority cannot be submitted due to domestic violence, neglect, disappearance or other reasons beyond your control though there is another person with parental authority
③	<input type="checkbox"/>	For () guardians of minor	There is no person with parental authority but the guardian of minor is appointed. (Submit the documents for all of the guardians if there are more than two are appointed.)
④	<input type="checkbox"/>	For one person on whose income the student's livelihood is dependent (the primary earner in home)	<ul style="list-style-type: none"> There is no person with parental authority or there is no guardian of minor appointed. The student reached the age of maturity, but there is a primary earner in home.
⑤	<input type="checkbox"/>	For the student himself/herself	<ul style="list-style-type: none"> There is no person with parental authority, no guardian of minor appointed, and no primary earner in home and the student reached the age of maturity

Check either one of ① through ⑤.

【5】誓約・委任欄※ 【Promise and Entrustment】

I have confirmed and give assurance (authorization) for the following.

Applicant's name 神奈川 育夫

- The contents entered in the application form are true and correct. In case if there is any false statement, the paid amount must be returned in full immediately in response to the claim by Kanagawa Prefectural board of education.
- Regarding the student for whom application is made, no application has been made to other prefectures than Kanagawa for High School Supplemental Scholarship Fund.
- The student applying for this High School Supplemental Scholarship Fund is not supported by children welfare institutional benefits (study tour fees or special raising fees, except for high school student in maternal and child living support facility) prescribed in Child Welfare Act.
- If there is any unpaid balance to the school other than tuition, entrust the school principal to have the scholarship benefits be made as payment towards such balance.
- My household is not receiving occupational assistance under the provision of Article 36 in Public Assistance Act (Act No. 144 of 1950) currently. (Except for the case where the student is enrolled in an advanced course)
- I am supporting the high school student and siblings entered in 【2】 Dependant Family Members.

The applicant's own signature is required in the applicant's name column after confirming the contents of the section.
The payment will not be made if the signature is omitted.

<学校使用欄>

<学校受付印>

Do not fill in the official use area.

学校の名称

学校長の氏名

職印