

THE U.S.-JAPAN COUNCIL TOSHIZO WATANABE STUDY ABROAD SCHOLARSHIP

2020-21 Financial Certification Form – U.S. Applicants



TO BE COMPLETED BY THE STUDENT

Please complete this section prior to giving to a school administrator. Make sure you provide the administrator with the necessary information about your proposed study abroad program so s/he can complete the form.

Scholarship Disbursement Information

If selected for the scholarship, please identify which institution you would like to receive the award funds.* U.S.-Japan Council (USJC) cannot disburse the funds directly to you, the student. (select one)

Home college/university

Host college/university/provider

*USJC cannot guarantee payment to your desired institution.

School Payment POC Information

You must identify a payment point of contact (payment POC) at the university and the appropriate office we would need to contact in order to **make the scholarship payment**. The payment POC can be different from the administrator who fills out this certification form. The payment POC can be the same person as the administrator who fills out this certification form, as long as s/he knows the payment processes.

Division	
Name	
Title	
Email	

RELEASE

Submitting this form authorizes the release of financial information to the U.S.-Japan Council for the purpose of evaluating my application and for the Watanabe Scholarship as well as my financial circumstances.

I,  ve administrators of  ffice at 
permission to complete this form on my behalf in application to the Watanabe Study Abroad Scholarship.

Signature:

Date:

INSTRUCTIONS

This form must be completed by the U.S. student's home school financial aid / bursar's office with the information provided by the student.

ADMINISTRATOR SECTION

This form certifies that  planning to study abroad in Japan during the 2020-21 academic year. S/he is planning to attend  or

Study Abroad (SAB) Costs

Based on the study abroad program type, the total estimated cost of attendance (COA) for the above student to participate if accepted is outlined below. This information should correspond with the financial information provided on the student's scholarship application form. Please enter the actual costs even if they exceed the limits.

***NOTE:** Program Tuition is only applicable for non-exchange programs. Do not fill if the program is an exchange. US home school tuition cannot be included.

Program Tuition*	
Room and Board	
Books/Material (\$1,000 max per year)	
Transportation (i.e. flight costs)(\$1,600 max per year)	
Health Insurance	
Miscellaneous (\$1,000 max per year)	
Total Estimated Cost of Attendance (COA)	

Existing Financial Aid

1. Does the applicant have a FAFSA on file for 2019-2020?



Yes

No

If YES, what is the student's expected family contribution (EFC) from FAFSA for 2019-2020?

(This value will be based on the FAFSA report from the current academic year.)

2. Does the applicant currently receive any financial support (e.g. scholarship(s), loan, grant, work study) that s/he may be able to apply to study abroad in the 2020-21 school year if awarded?

Yes

No

If YES, please select applicable aid source(s) and list the amount in the chart below:

FIN. AID TYPE	CAN IT BE APPLIED TO STUDY ABROAD?		AMOUNT If yes, list amount	FIN. AID TYPE	CAN IT BE APPLIED TO STUDY ABROAD?		AMOUNT If yes, list amount
	Yes	No			Yes	No	
GRANTS				LOANS, FAMILY CONTRIBUTION			
Pell Grant				Subsidized Stafford			
SEOG Grant				Unsubsidized Stafford			
State Grant				Perkins			
Merit (College)				PLUS			
Need-Based (College)				Institutional Loan			
Other:				Private			
Other:				Family Contribution			
Other:				Other:			
Total Grants				Total Loans			



Calculating Financial Need

The formula below will be used to determine the amount of the scholarship the student needs for his/her study abroad (SAB) cost. The fields will be automatically populated through the digital entries you made on this form.

Total Estimated SAB Cost of Attendance (COA)*	minus	Amount of confirmed financial resources (Total Grants & Total Loans)	equals	Amount to request for the Watanabe Scholarship (Gap/Financial Need)
	-		=	



*Does not include home school tuition.

Financial Aid Administrator Information



Name	
Job Title	
Institution	
Email	
Phone	

I (administrator) certify the above financial information is accurate and correct as of the date listed below.



Signature: _____

Date: _____

Please Return Completed Form to Student as PDF.

Questions? Email us at WatanabeScholarship@usjapancouncil.org