

**THE U.S.-JAPAN COUNCIL TOSHIZO WATANABE  
STUDY ABROAD SCHOLARSHIP  
2025-26 Financial Certification Form – Japanese Applicants  
財政援助証明書**



**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 designated 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 that completes this certification form. The payment POC can be the same person as the administrator who fills out certification form, as long as s/he knows the payment processes.

<b>Division</b>	
<b>Name</b>	
<b>Title</b>	
<b>Email</b>	

**RELEASE**

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

I, \_\_\_\_\_, administrator of \_\_\_\_\_ office at \_\_\_\_\_, give 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 knowledgeable representative of either the student's home or host institution.

**ADMINISTRATOR SECTION**

This form certifies that \_\_\_\_\_ is planning to study abroad in the United States during the 2025-26 academic year. S/he is planning to attend \_\_\_\_\_.

**Study Abroad (SAB) Costs**

Based on the study abroad program type, the total estimated cost of attendance (COA・留学費用) 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. The limits (e.g. \$1,000 max per year) are based on our estimates. Please enter the actual costs even if they exceed the line item limits.

申請書に明記された留学費用と同じ内容を記入すること。

Program Tuition (学費・在籍大学費) (\$6,000 max/year for home school tuition)	
Room and Board (滞在費・ミールプラン)	
Books/Material (書籍/教材費) (\$1,000 max per year)	
Transportation (飛行機代等交通費) (\$1,600 max per year)	
Health Insurance (医療保険代金)	
Miscellaneous (雑費) (\$1,000 max per year)	
<b>Total Estimated Cost of Attendance</b> (合計費用の推定額)	

## Existing Financial Support

1. Does s/he currently receive any financial support (e.g. scholarship(s), loan, grant, work study) that s/he will be able to apply to study abroad costs in the 2025-26 school year?

現在、2025年度の学期に充てられる奨学金などの財政援助を受けていますか？

Yes

No

If YES, please list the name(s) of the financial support source and the amount in the chart below:

受けている場合、奨学金名とその金額をご記入ください↓

**\*\*Please make sure the amounts listed below are applied to the period in which s/he will study abroad\*\***

FINANCIAL SUPPORT TYPE SCHOLARSHIPS 寄付奨学金	CAN IT BE APPLIED TO STUDY ABROAD?		AMOUNT If yes, list amount	FINANCIAL SUPPORT TYPE LOANS / OTHERS ローン・その他	CAN IT BE APPLIED TO STUDY ABROAD?		AMOUNT If yes, list amount
	Yes	No			Yes	No	
				Family Contribution (家族からの補助金額)			
<b>Total Scholarship Amount</b>				<b>Total Loan &amp; Other Amount</b>			

2. Is the student able to combine all of the above listed financial support (items selected "Yes") with the Watanabe Scholarship?

上に"Yes"と記入された財政援助は 全て 渡邊奨学金と併用可能ですか？

Yes (併用可能)

No (併用不可能)

If NO, please explain (併用不可能な場合、奨学金名と理由をご記入ください):

## 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 and calculated through the digital entries you made on this form.

Total Estimated SAB Cost of Attendance (COA) 合計費用の推定額	minus	Amount of confirmed financial resources 財政援助(確定済み)	equals	Amount to request for the Watanabe Scholarship (Gap/Financial Need) 申請額
	—		=	

## 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 in a PDF file.**

Questions? Email us at [WatanabeScholarship@usjapanCouncil.org](mailto:WatanabeScholarship@usjapanCouncil.org)