The Kyoto Consortium for Japanese Studies (KCJS) offers two scholarships for participation in the academic year, fall, or spring terms. A total of 15-20 scholarships are made each year with awards ranging from $500 to $5,000 per semester.

- All students are encouraged to apply to additional scholarship programs such as the Bridging Scholarships for Study Abroad in Japan, Gilman Scholarship (for Pell grant recipients), the Freeman Asia Scholarship and the Boren Scholarship. Please check the section under Financial Aid & Funding on the KCJS web page for links and more information.

Eligibility

- Students must be admitted to the KCJS and demonstrate financial need. Students who do not receive financial aid but can demonstrate financial need are welcome to apply.
- All applications must be reviewed and signed by an appropriate financial aid officer whether you are an undergraduate or graduate student. Incomplete applications will not be considered.

Application Deadlines

For fall or academic year: March 15
For spring: October 4

Application Checklist

To apply, please submit the following:

- Completed KCJS Scholarship Application
- Copy of your most recent Financial Aid Award letter
- FAFSA Student Aid Report (only for students who do not currently receive financial aid)

Please submit your application to:
Kyoto Consortium for Japanese Studies
Office of Global Programs
Columbia University
606 Kent Hall, Mail Code 3948
1140 Amsterdam Ave.
New York, NY 10027-6902
Tel: 212-854-2559
ogp@columbia.edu
www.kcjs.columbia.edu
PART 1: PERSONAL INFORMATION

I am applying for the following term:  
FALL 20___  Academic Year 20___ - 20___
SPRING 20___

STUDENT NAME

STREET ADDRESS  CITY  STATE  ZIP

TELEPHONE  EMAIL

HOME COLLEGE/UNIVERSITY

PART 2: EXPENSES PER SEMESTER

Variable expenses:

**Tuition:**  
$ __________
Fall or Spring:  
*Check the KCJS website (www.kcjs.columbia.edu, click Tuition & Fees) to determine if your school charges home school tuition or the KCJS tuition.*
Home School Tuition: (varies)
*KCJS tuition Fall 2017 or Spring 2018: $19,700

**Meals:**  
$ __________
*This expense will vary depending on your living situation.*
Fall or Spring: Live with host family: $250/month; live in an apartment: $500/month

**Other (specify):**  
$ __________

Standard estimated budget:

**Program Fee:**  
$ 5,500

**Airfare:**  
$ 1,500

**Personal Expenses (includes local transportation and incidentals):**  
$ 450/month

TOTAL EXPENSES  
$ __________
PART 3: CONTRIBUTIONS/FUNDING PER SEMESTER
Please consult your financial aid adviser in completing the section below and have your adviser sign the Financial Aid Adviser Information below.

School's Estimated Parental contribution $__________________________

School's Estimated Student contribution $__________________________

Scholarships (specify) $__________________________

Grants (specify) $__________________________

Term Time Student Employment Expectation $__________________________

Other (such as employee tuition benefits, veteran’s benefits etc.) $__________________________

TOTAL FUNDING $__________________________

TOTAL PROJECTED NEED $__________________________

(Total expenses in Part 2 minus total funding in Part 3)

PART 4: OTHER SCHOLARSHIPS
Please list the other scholarships to which you have applied or have received to help cover expenses for your study abroad term.

<table>
<thead>
<tr>
<th>Name of scholarship program #1</th>
<th>Sponsor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Website</td>
<td>Contact person and email</td>
</tr>
<tr>
<td>Approximate scholarship award amount</td>
<td>☐Received or ☐Applied</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of scholarship program #2</th>
<th>Sponsor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Website</td>
<td>Contact person and email</td>
</tr>
<tr>
<td>Approximate scholarship award amount</td>
<td>☐Received or ☐Applied</td>
</tr>
</tbody>
</table>
FINANCIAL AID ADVISER INFORMATION

☐ I verify that the above student is receiving financial aid and that the attached information is accurate.
☐ The attached estimates are based on academic year 20__-20__.
☐ If the cost attending the study abroad program exceeds the cost of attending your institution, does your institution provide additional funding in the form of:
  □ Grants
  □ Loans
  □ Other (specify):
☐ If the student has a term time work expectation as part of their financial aid award, will it be replaced when the student is studying abroad by:
  □ Grants
  □ Loans
  □ Other (specify):
☐ If the student is awarded KCJS scholarship, will your institution reduce the institutional financial aid for the student?:
  □ Yes. If yes, what adjustments are made: ____________________________
  □ No
☐ Attached please find a copy of the student's award letter.
☐ Please share any other comments about why this student might be particularly high need.

________________________________________________________
NAME OF FINANCIAL AID ADVISER (PLEASE PRINT)                     COLLEGE/UNIVERSITY

________________________________________________________
SIGNATURE                     DATE

TELEPHONE                     FAX                     EMAIL

PART 4: STATEMENT OF FINANCIAL NEED
For students who are not receiving financial aid:
• Please complete a FAFSA (fafsa.ed.gov) and have them send a Student Aid Report to your home school. You should also download a copy of your Student Aid Report to attach to this application. Please consult with a Financial Aid Officer and have your FAO complete Part 3.
• On a separate sheet, please tell us why you do not receive financial support from your home institution and/or family and any other extenuating circumstances. Please also provide a detailed explanation of how you have paid for your education to date.

PART 5: CERTIFICATION AND RELEASE
I certify that the information given by me on this application, including any supplementary materials, is complete and accurate. I understand that failure to disclose correct information may result in the cancellation of my application. I understand that KCJS will report any scholarship award to my Financial Aid Office and that retroactive adjustments may be made to take the scholarship into account. I understand that I will be required to submit a report about my KCJS experience to the KCJS Governing Board that may be used in program materials.

________________________________________________________
NAME (PLEASE PRINT)

________________________________________________________
SIGNATURE                     DATE