

家計急変世帯対象給付 記入例

For households with sudden financial situation change  
Entry Example

Fill in the bold-lined area.

Write the date this application was prepared.

- ☐ 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  
☐ other ( )

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.

Write student's name and birthdate.

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.

Write the account information of the applicant.

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)

In case of Kanagawa Prefectural Schools

2025年7月10日

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.

|                                                                                                                               |      |                              |              |                                                                                                                                                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------|------|------------------------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 申請者<br>(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)<br><input type="checkbox"/> 未成年後見人 <input type="checkbox"/> 未成年後見人である里親<br><input type="checkbox"/> 主たる生計維持者 <input type="checkbox"/> 生徒本人<br><input type="checkbox"/> その他( ) |
|                                                                                                                               | 氏名   | 神奈川 育夫                       |              |                                                                                                                                                                                                                                                          |
|                                                                                                                               | 住所   | 〒221-0057 横浜市神奈川区青木町00-00-00 | 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 都 道 川崎 市 区 町 村<br><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)<br><input type="checkbox"/> 未成年後見人 <input type="checkbox"/> 未成年後見人である里親<br><input type="checkbox"/> その他( )                                                                    |
|                                                                                                                               | 氏名   | 神奈川 高子                       |              |                                                                                                                                                                                                                                                          |
|                                                                                                                               | 住所   | 〒221-0057 横浜市神奈川区青木町00-00-00 | 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 都 道 川崎 市 区 町 村<br><input type="checkbox"/> I do not have an address in Japan.                                                                                                                                                                        |

【1】対象となる高校生等について

【Applying Student】

|                  |            |                                                                                                                                |    |                   |
|------------------|------------|--------------------------------------------------------------------------------------------------------------------------------|----|-------------------|
| ふりがな             | かながわ きょうすけ | 昭和 21 年 5 月 5 日                                                                                                                |    |                   |
| 氏名               | 神奈川 京介     | 平成                                                                                                                             |    |                   |
| 在学する学校           | 学校名        | (国公立) 神奈川県立 00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 |    |                   |
|                  | 在学期間       | 令和7年 4 月 1 日 ~ 年 月 日                                                                                                           |    |                   |
| 過去の高等学校等における在学期間 | 学校名        | 年 月 日                                                                                                                          | 課程 | 在学中に給付金を受給した回数    |
|                  | 立          | 年 月 日                                                                                                                          |    | なし 1回 2回 3回 4回 不明 |
|                  | 学校名        | 年 月 日                                                                                                                          | 課程 | 在学中に給付金を受給した回数    |
|                  | 立          | 年 月 日                                                                                                                          |    | なし 1回 2回 3回 4回 不明 |

【2】振込先口座

【Account Information for Direct Deposit】

|         |               |            |                            |       |      |          |
|---------|---------------|------------|----------------------------|-------|------|----------|
| 金融機関名   | ●● 銀行・信用金庫    | ▲▲         | 支店コード                      | 0 0 1 | 預金種目 | ふつ 普通 貯蓄 |
| 金融機関コード | 1 2 3 4       | 信用組合・農協    | 本店・支所・出張所                  |       |      |          |
| 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<br>カナガワ イクオ |       |      |          |

県使用欄(記入しないでください。)

Do not fill in the official use area.

円

【3】保護者等の収入の状況について 【Income of Guardian and others】

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

|   |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|---|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ① | <input checked="" type="checkbox"/> | <b>For two persons with parental authority (both parents)(Even when one of the persons works away from home, submit Kazei Shomeisho for two persons)</b><br>・The student is not yet of age (younger than 18) and has two persons with parental authority (both parents).                                                                                                                                                                                                                                                                                                                                    |
| ② | <input type="checkbox"/>            | <b>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)</b><br>・ There is only one person with parental authority because of divorce or bereavement.<br>・ 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"/>            | <b>For (      ) guardians of minor</b> <div style="border: 1px solid black; padding: 5px; display: inline-block;">         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.)       </div>                                                                                                                                                                                                                                                                                        |
| ④ | <input type="checkbox"/>            | <b>For two persons on whose income the student's livelihood is dependent (hereinafter referred to as "the primary earner in home") (such as parents)</b><br>The student reached the age of maturity while in school, and there is no change in earners in home from the time point immediately before the student reached the age of maturity to the time point of the application.                                                                                                                                                                                                                         |
| ⑤ | <input type="checkbox"/>            | <b>For one person on whose income the student's livelihood is dependent (the primary earner in home)</b><br>・ The student has not reached the age of maturity yet, but there is no person with parental authority nor guardian of minor.<br>・ The student was already of age at the time of entering school but there is a primary earner in home.<br>・ The student is already of age and there was one person with parental authority when the student was a minor.<br>・ The student is already of age and there was no person with parental authority nor guardian of minor when the student was a minor. |
| ⑥ | <input type="checkbox"/>            | <b>For the student himself/herself</b><br>・There is no person with parental authority, no guardian of minor appointed, no primary earner in home and the student reached the age of maturity.                                                                                                                                                                                                                                                                                                                                                                                                               |

Check either one of ☐ ① through ⑥.

【4】誓約・委任欄 【Promise and Entrustment】※Write the name of the applicant.

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

Applicant's name **神奈川 育夫**

<All households>

- 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.
- As of qualification base date, 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, I entrust the school principal to have the scholarship benefits which I receive be made as payment towards such balance.
- The high school student him/herself entered in 【 1 】 is not receiving occupational assistance under the provision of Article 36 in Public Assistance Act (Act No.144 of 1950) as of qualification base date. (Except for the case where the student is enrolled in an advanced course)

<Only when the applicant is the primary earner>

- I and the high school student, etc., have a relationship equivalent to that of a primary insured and a dependent under the Health Insurance Act, etc.

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＞

次のことについて確認しました。

＜学校受付印＞

Do not fill in the official use area.

学校の名称

職日