様式第3号(第12条関係)

　(表)

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| 八丈町奨学資金変更（給付・貸付け）申込書 | 整理番号 |
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| 本人 | 申請種別 | 1  短大・大学・大学院・専修学校・  医療系技術学校 | | | | | | | | | | 在学学校名 | | 2  　国  　公立  　私  　　　　　　学部　　　　　　　学科 | | | | | | | | | | | | | | | | | | | | | | | | 3  1　昼  2　夜 | | | | | 区分 | | 学校番号 | | | | | | | | | | 奨学生番号 | | | | | | | |
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| 1 | 4  氏名  (フリガナ) | | | |  | | | | | | | | | |  | | | | | | | | | | 5  年　月　日生 | | | | | | | | | | 6  男1  女2 | | | | | 7　入学 | | | | | | | | 8　卒業(予定) | | | | | | | | 学年 | | | | | |
| 年 | | | | 月 | | | | 年 | | | | 月 | | | |
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|  | 10　開始月 | | | | | | | | 11　月額 | | | | | | | | | | | | 課程 | | 昼1  夜2 | | | 12　電話番号 | | | | | | | | | | | | | | | | 13　　変更後の給付・貸付けの別 | | | | | | | | | | | | | | | | | | | |
| 2 | 年 | | | | 月 | | | | 十 | | 万 | | 千 | | 百 | | 十 | | 円 | | 市外 | | | | | 局 | | | | | 番号 | | | | | | 給付　・　貸付け | | | | | | | | | | | | | | | | | | | |
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|  | 現住所  (フリガナ) | | | | | | 14  郵便番号 | | | | | | | | | 15  住所 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 |  |  |  | ― | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 連帯保証人 |  | 16  保証人  氏名  (フリガナ) | | | |  | | | | | | | | | |  | | | | | | | | | | 17　職業等 | | | | | | | | | | 18  続柄 | | | | | | 19　電話番号 | | | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | 市外 | | | | | 局 | | | | 番号 | | | |
| 4 |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 | 20  郵便番号 | | | | | | | | | 21　現住所 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | ― | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 22　八丈町長　殿  　　八丈町奨学資金条例による学資金の給付・貸付けをうけたく私ども連署にて申込みをします。  　　なお、採用の上は、奨学生としての本分を尽くすことはもとより、学資金の返還その他のことについて連帯して責任を負うことを誓約いたします。  年　　月　　日  　　　本人氏名　　　　　　　　　　印  　　　連帯保証人  　　　　　氏名　　　　　　　　　　印  　　　　　住所 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 23　(申請者が未成年の場合のみ記入すること)  　　私どもは、左記の申請について同意いたします。  　　父　氏名　　　　　　　　　　　　　　印  　　　　住所  　　母　氏名　　　　　　　　　　　　　　印  　　　　住所 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | 父母のいない場合 | | | | | | | 氏名　　　　　　　　　　印  　住所 | | | | | | | | | | | | | | | | | | | | | | |
| 後見人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

　　　※　添付書類

　　　　1　住民票(家族全員のわかるもの)　　　　　　　　　4　納税を証明するもの

　　　　2　在学証明書

　　　　3　所得を証明するもの　(貸付けに変更する者)

　(裏)

　　※印のところは該当するものを○印でかこむこと。太線枠内記入

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|  | 学校番号 | | | | | | | 整理番号 |  | ①  氏名 |  | | | | | | | | | | | | | | | |
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| (フリガナ) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| ②就学者を除く家族 | 氏名 | | | 続柄 | | 年齢 | | | 収入又は所得額の年額 | | | | | | | | | | | | | | | | | | | | | ⑤　障害者関係 | | 該当者 | | | | 手帳番号 |
| 給与収入 | | | | | | | | | | | 事業、他の所得 | | | | | | | | | |  | | | |  |
|  | | |  | 1　父  　2　母  　3　祖父  　4　祖母  　5　兄弟姉妹  　6　その他 |  |  |  |  |  | |  |  |  |  |  |  | 円 | |  |  |  |  |  |  |  | |  | 円 | ※原爆被爆・身体障害  　公害疾病・心身喪失  　精神薄弱・長期就床 | | | | |
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| ③　　就学者 | 氏名 | | | 続柄 | | 年齢 | | | 国公私別 | | | | | | | | 学校種類別 | | | | | | | | 通学別 | | | | | | ⑦奨学金を希望する理由 | | | | | |
| 詳細に記入する場合は別紙 | | | | | |
|  | | | 1 | 1　本人  　2　兄弟姉妹  　3　その他 |  |  |  |  | | 1　国立  　2　公立  　3　私立 | | | | | |  | | 1　小学校  　2　中学校  　3　高校  　4　高専  　5　大学  　6　専修  　　(高専)  　7　専修  8　医療系技術職 | | | | | |  | |  | | | |
| 1　自宅  2　自宅外 | | | | | | (便箋大)に記入すること。 | | | |
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| ④  家族数 | |  | 人 | (注)　家族数は住民票記載事項証明書の人数と一致する。 | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
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* 給付変更者は、「収入又は所得額の年額」の欄の記入を省略する。