

Application number

Certificate of Expected Annual Income

To Employers:

For this student to apply for scholarships, we ask that you provide proof regarding the total salary (estimated amount including bonuses) they received in the year after they began working employment or what they will receive during the upcoming year. Submit to: Keio University

*The boxed areas with bold lines are for the business owner to fill in.

Full name of salaried employee					
Current address					
Date employment began	_____ (YYYY/MM/DD)		Job title (Name of position)		
Salary	Category	Period of pay	Breakdown		Total (estimated) pay (Including taxes)
			Salary	Bonuses	
	Most recent monthly income (Or estimated amount)	For (YYYY/MM/DD) _____			yen
	Total pay (estimated amount including bonuses) for one year from the start of employment OR for the upcoming year	From (YYYY/MM/DD) _____ To (YYYY/MM/DD) _____	yen	yen	yen
Dependents					
Full name			Full name		
①			②		
③			④		
⑤			⑥		
I certify that the above is true. (YYYY/MM/DD)					
Work address: Name of employer:					
Name of company representative:					

*The following is for the student applicant to fill in

Graduate School _____ (Master • Doctor • Professional) Program							
(Two-year • Three-year • LLM) course _____ year							
Student ID number							Full name of scholarship applicant