



International University of Health and Welfare Scholarship Program for Mongolian Students

1. Objective and Nature of the scholarship

The candidates of the scholarship are students and citizens in Mongolia who have strong interest and capability to be trained in Japan to become professionals in the field of health and welfare staff studying in Japan, and contribute to raising the level of medicine, health and welfare in Mongolia.

The students are required to make every effort to pass the Japanese national license examination in his/her respective field, if a national license is given through examination in the field of his/her department.

2. Details of the scholarship

Items	Details
Departments	One of the following departments of International University of Health and Welfare (IUHW) <ol style="list-style-type: none">1. Department of Nursing2. Department of Physical Therapy3. Department of Occupational Therapy4. Department of Speech and Hearing Sciences5. Department of Orthoptics and Visual Sciences6. Department of Radiological Sciences7. Department of Pharmaceutical Sciences8. Department of Medical Technology and Sciences9. Department of Social Services and Healthcare Management
Location of Campus	One of the six campuses of IUHW in Japan https://www.iuhw.ac.jp/pdf/en/IUHW_low.pdf
Number of Students	Up to 10 Mongolian students per year (to enroll from the academic year of 2019)

<p>Eligibility</p>	<ol style="list-style-type: none"> 1. Age: Under 30 (as of April 2019) 2. Academic Background: Graduate of high school or higher 3. High School Record: <ul style="list-style-type: none"> GPA (Grade Point Average) 3.4 or higher - 3.8 or higher for students applying for Department of Pharmaceutical Sciences 4. Proficiency in Japanese Language <ul style="list-style-type: none"> Level of appropriate Japanese skills when he/she enrolls in a bachelor's degree program is as bellow: <ul style="list-style-type: none"> - JPLT (Japanese-Language Proficiency Test) N3 Grade or higher. <p>Applicable students who IUHW considers as those requiring improvement on Japanese language skills, will enroll in IUHW Japanese Language Program before starting studying at respective departments.</p>
<p>Coverage of Expenses</p>	<p>IUHW will cover expenses required for four or six-year curriculum of the bachelor's program, which include expenses listed below.</p> <ol style="list-style-type: none"> 1. Academic expenses for bachelor's program (Admission fee, Tuition fee, Experiment and Practice fee, and Facilities Maintenance fee) over the four years of study at each department other than the department of pharmaceutical sciences, or over the six years of study at the department of pharmaceutical sciences, and fees for Japanese language education for up to six months prior to the start of the first school year. 2. Any other academic expenses, such as textbooks, conference participation, uniforms that are approved by IUHW (actual expenses up to 200,000 Yen per year) 3. Living expenses (60,000 Yen per month) 4. Housing expenses (40,000 Yen per month) 5. Transportation expenses between the residence and the university (if necessary) <p>*Traveling expenses to and from Japan are not included in the scholarship.</p>

	<p>The period of scholarship shall be in principle four or six years of the bachelor's program which is a formal educational period, but can be extended for one year if it is due to unavoidable circumstances such as illness and cases approved by IUHW. Amount of scholarship during the period of extension shall be determined based on consultation between IUHW and such IUHW Scholarship Student.</p> <p>During the period of study at the IUHW Japanese Language Program (who are required to enroll)</p> <ol style="list-style-type: none"> 1. Academic expenses for IUHW Japanese Language Program (Admission fee, Tuition fee, and Facilities Maintenance fee) 2. Living expenses (40,000 Yen per month) 3. Housing expenses (40,000 Yen per month) 4. Transportation expenses between the residence and the university (if necessary) 5. Expenses for necessary learning materials <p>*Traveling expenses to and from Japan are not included in the scholarship.</p>
<p>Termination of Scholarship</p>	<p>IUHW shall terminate IUHW Scholarship and the IUHW Scholarship Student shall be asked to refund all or part of the scholarship already offered to the IUHW Scholarship Student in the following cases:</p> <ol style="list-style-type: none"> 1. When the IUHW Scholarship Student leaves IUHW without completing the academic program 2. When academic achievement of the IUHW Scholarship Student is to be found poor. 3. When the IUHW Scholarship Student violates any one of the compliance rules. 4. Other cases than the above, when IUHW Scholarship Student is considered to have no potential to achieve goals of contributing to raising the level of medicine, health and welfare in Mongolia. <p>Exact amount of the refund shall be determined by IUHW after hearing opinions from the Ministry of Education, Culture, Science and Sports of Mongolia in consideration of the IUHW Scholarship Student's learning</p>

	achievement during the educational period
Compliance Rules	<p>An IUHW Scholarship Student shall comply with the following rules:</p> <ol style="list-style-type: none"> 1. IUHW codes and regulations, devote oneself to studying, and fulfill his/her duties as IUHW Scholarship Student. 2. Required to make every effort to pass the Japanese national license examination in his/her respective field if the field of the department has a Japanese national license examination. 3. After graduation, student shall be involved in duties in his/her field at clinical institutions in Japan or in Mongolia designated by IUHW for the period equivalent to the educational period(*) spent in Japan under the scholarship. <p>(*) "Educational period" refers to the period including the formal four or six years of the bachelor's program, period spent studying at the IUHW Japanese Language Program, as well as one additional year, if spent, as an extended year in case of unavoidable circumstances such as illness and cases approved by IUHW.</p> <ol style="list-style-type: none"> 4. Report his/her contact information to IUHW every year even after the obligatory term of services. 5. Commitment understanding that his/her goals and objectives of IUHW Scholarship and commits oneself to sincerely comply with the rules for IUHW Scholarship Student.
Submission documents	<p>Download the application at the end of this document.</p> <p>Required documents:</p> <ol style="list-style-type: none"> 1. Application Form (Photograph required) 2. Certification of Japanese Language Skills (JLPT or other equivalent certification) 3. Academic record and Graduate certificate

Selection process	Criteria of the selection will be based on the followings; <ol style="list-style-type: none">1. High School grade2. Information in the application form3. Interview Written examination, if required.
Deadline for submission	<u>December 12, 2018</u> Please send the required documents via e-mail to the address indicated below.

Inquiry and Submission contact:

International University of Health and Welfare

International Department

Person in charge: Ogawa, Noda, Kobayashi

Address: Amity Nogizaka Bldg. 1-24-1 Minami-Aoyama
Minato-ku, Tokyo 107-0062 Japan

Tel: +81-3-3475-5062 Fax: +81-3-3475-5059

e-mail: info-scholarship-mng@iuhw.ac.jp

INTERNATIONAL UNIVERSITY OF HEALTH AND WELFARE

モンゴル人学生のための奨学金応募用紙

Application Form for Scholarship for Mongolian Students

本人関係事項 Student's Personal Details						
1. (1)英文氏名 Full name in English Family name (氏) Given name (名) Middle name						<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> 写真 最近3か月以内 に 撮影したもの 4cm × 3cm </div>
(2)母国語氏名 Name in your own language Family name Given name Middle name						
2. 生年月日 年 月 日 年齢 満 歳 Date of birth Year Month Day Age Years				3. 性別 <input type="checkbox"/> 男 <input type="checkbox"/> 女 Sex Male Female		
4. 国籍 Nationality			5. 出生地 Place of birth City / Country		6. 配偶者 <input type="checkbox"/> 有 <input type="checkbox"/> 無 Marital statu: Married Single	
Photo (Should have taken within 3 months)						

連絡先 Contact Details	
7. (1)現住所 Full present address	
(2)電話番号 (Home) (Telephone) (自宅)	(Mobile) (携帯)
(3)E-mail	

家族関係事項 Family Details						
※結婚した兄弟姉妹を含め、全員記載すること。 Fill in all the members of your family, including married brothers and sister						
8. (1)本国その他 In your country or abroad except Japan						
続柄 Relationship	氏名 Family name Given name Middle name			年齢 Age	職業 Occupation	現住所 Full present address
父 Father						
母 Mother						
(2)在日親族 Family in Japan						
Do you have any family member in Japan? (現在在日の親族はいます) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please fill in the below chart. 下記に記述ください あり なし						
続柄 Relationship	氏名 Full name	生年月日 Date of birth	国籍 Nationality	勤務先/通学先 Name of employment/school	在留カード/特別永住者証明書番号 Residence card number Special Permanent Resident Certificate No.	
		年 月 日 Year Month Day				
		年 月 日 Year Month Day				

※ 枠が足りない場合は別紙にて記入すること If there is not enough space, please attach a separate sheet.

英語能力 English language ability

9 TOEFL(Latest Score:) IELTS (Latest Score:)
 Other Standardized Test (Name: Latest Score:)

日本語能力 Japanese language ability

10 (1)日本語能力試験 Japanese Language Test
 JLPT(Level: N5 N4 N3 N2 N1) J.Test(Level: EJU(Latest Score:
 Other Standardized Test (Name:

(2)日本語学習歴 History of study in Japanese

学習機関名 Name of institution	所在地 Address	学習期間(予定含む) Period			
		年 月 ~ 年 月	年 月	年 月	総計:()時間
		Year Month ~ Year Month	Year Month	Year Month	Total Hours
		年 月 ~ 年 月	年 月	年 月	総計:()時間
		Year Month ~ Year Month	Year Month	Year Month	Total Hours

出入国及び犯罪関係事項 Immigration and criminal Records

11 (1)旅券 有 無 (番号:) (2)有効期限 年 月 日
 Passport number Yes None (Number:) Date of expiration Year Month Day

12 (1)過去の出入国歴 有()回 無 ※日付等全て正確にご記入ください。

Past entry into/departure from Japan Yes()time(s) No Please make sure the dates are all correct.

入国年月日 Date of entry	出国年月日 Date of departure	在留資格 Status	滞在目的 Purpose
年 月 日 Year Month Day	年 月 日 Year Month Day		
年 月 日 Year Month Day	年 月 日 Year Month Day		
年 月 日 Year Month Day	年 月 日 Year Month Day		

(2)在留資格申請歴 初回 ()回目 申請結果 許可 不許可
 Have you ever applied for a certificate of eligibility to stay in Japan? No Yes time(s) Result Approved Rejected

13 犯罪を理由とする処分を受けたことの有無(日本国外におけるものを含む) 有(内容:) 無
 Criminal record (in Japan/overseas) Yes (Details:) No

14 退去強制又は出国命令による出国の有無
 Departure by deportation/departure order 有 Yes 無 No

経歴関係事項 Background Details

15 学歴 Educational background ※初等教育(小学校)から順次最終学歴まで記載する。Fill in all the history from elementary school to the latest

	学校名 Name of school	所在地 City	入学年月 Date of entry	卒業(見込)年月 Date of graduation
小学校 Elementary school			年 月 Year Month	年 月 Year Month
中学校 Junior high school			年 月 Year Month	年 月 Year Month
高等学校 High school			年 月 Year Month	年 月 Year Month
大学 University			年 月 Year Month	年 月 Year Month

16 医療・福祉関係の免許 持っている 持っていない 持っている場合、資格の種類 If yes, please specify.
 Certificates related to medical care/health care/welfare I have. I don't have one.

経歴関係事項 Background Details

17 職歴 Professional background

期 間 Period	会 社 名 ・ 職 位 等 Company name ・ Job title
年 月 ~ 年 月 Year Month Year Month	
年 月 ~ 年 月 Year Month Year Month	
年 月 ~ 年 月 Year Month Year Month	

就学理由 Study purpose

18 奨学金申請の理由 Reason for Applying for the Scholarship (in Japanese or English)

希望学科 (第2希望まで数字記入) 看護学科 理学療法学科 作業療法学科 言語聴覚学科 視機能療法学科

Desired Department (indicate 1st and 2nd choice by number) Nursing Physical Therapy Occupational Therapy Speech and Hearing Sciences Orthotics and Visual Sciences

放射線・情報科学科 薬学科 医学検査学科 医療福祉・マネジメント学科

Radiological Science Pharmaceutical Sciences Medical Technology Sciences Social Services and Healthcare Management

以上のことは事実と相違ありません。

I hereby declare the above statement is true and correct.

入学を許可された場合は、日本の法律や国際医療福祉大学の規則に従います。

I am fully aware of the rules, regulations and the laws of Japan and the University, and promise to observe them when I am admitted to the University.

申請日: _____ 年 月 日
Date of application Year Month Day

申請者氏名(楷書): _____
Name (full name in print)

申請署名: _____
Signature of Applicant

※パソコン入力した署名は受け付けません。

※A typed signature is not acceptable