

**VERIFICATION OF FUNDS FOR EXPENSES BEYOND THE SCHOLARSHIP** Name: \_\_\_\_\_

The Obuchi Scholarship covers substantial funding toward Master's degree study, covering the educational costs and living expenses noted in Column A of the table below.

Applicants need to prepare for *additional* living expenses for food and other personal expenses beyond the scholarship, estimated at \$400 US per month, or \$4,800 per year. In addition, applicants need to budget for round-trip airfare.

The Center strongly encourages applicants to seek financial support from other institutions, funding agencies or personal funds well in advance, to prepare to cover the flight and estimated additional costs. Employment for degree fellows is allowed when authorized by the Center and normally would not exceed 12 hours per week, except during official school breaks and vacations. For international fellows, the nature of the employment must meet J-1 visa requirements. To provide time to explore supplemental funding opportunities, this form can be completed and returned by February 14, 2011.

**Instructions**

To indicate your budget and resources for the estimated expenses beyond the fellowship for the *first year* of study, please complete columns B, C, and D in the table below in US Dollars where "\$" is noted. Also, please complete the back of this form.

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>Item</b>	<b>Obuchi Student Scholarship</b>	<b>Amount Covered by Personal or Family Funds</b>	<b>Amount Covered by Other Funding Sources</b>	<b>Amount not yet covered</b>
<b>Tuition and Fees</b>				
Tuition	* Covered up to the equivalent of the regular graduate tuition charged for post-baccalaureate students at UH			
Fees required by University of Hawai'i	Covered up to the equivalent of the tuition charged for post-baccalaureate students at UH			
<b>Living Expenses</b>				
Housing in EWC residence hall based on single occupancy	Covered			
Stipend to <i>partially</i> cover food and incidental expenses	\$200/per month			
Estimated additional living expenses of \$400/month or \$4,800/year	Not covered	\$	\$	\$
<b>Books and Materials</b>				
Book allowance	\$660/per year			
<b>Health Insurance</b>				
Health Insurance	Covered			
<b>Travel Expenses</b>				
SEVIS fee for international fellows	Covered			
Visa fee for international fellows (see note below)	** Not covered	\$	\$	\$
Airfare (to/from Honolulu)	Not covered	\$	\$	\$
<b>Totals for columns B, C, D</b>		<b>Column B Total</b>	<b>Column C Total</b>	<b>Column D Total</b>

\* **Tuition Note:** Applicants to professional programs such as the JD, LLM, MBA, and Architecture should be aware that this fellowship does not cover the full tuition or professional fees.

\*\* **Visa Fee Note:** All international fellows are required to pay for the visa application (Machine Readable Visa--MRV) fee of \$131. Citizens of some countries are required to pay a visa issuance (reciprocity) fee. Check the following site for details on visa costs related to your country: <http://travel.state.gov/visa/reciprocity/index.htm>

**If you indicated in column D that you do not have resources yet to cover certain anticipated costs, please provide further explanation below so that we have a clear understanding of your situation. If you need additional space, please attach a separate sheet.**

Please indicate if you are currently applying to any other agency/foundation/government for funds to cover the estimated additional expenses, and when you expect to be notified of the results.

Explain why you would need additional East-West Center support.

If you have been offered a Graduate Assistantship at the University of Hawai'i at Mānoa (UHM), please inform us below as it may determine how your insurance and tuition are covered in the agreement between the UHM and EWC. Thank you.

**Please submit this form to the Award Services Office by February 14, 2011.**

I hereby certify that the information I have provided on this form is complete and correct to the best of my knowledge. I also understand that if selected for an Obuchi Student Scholarship I will be expected to certify sufficient funds for additional living expenses beyond the scholarship for the first year of study.

Name:

Date

Signature \_\_\_\_\_

Citizenship

Address:

Email:

Telephone:

Mobile Tel:

Fax: