

【USST – International students outside of China Mainland】

Families with Financial Distress-Personal Statement

Passport full name	
Passport number	
Category of scholarship	<input type="checkbox"/> CSC-A/B <input type="checkbox"/> SGS-A
Suspension of Schooling(休学)	<input type="checkbox"/> YES <input type="checkbox"/> NO
If【YES】- 【Specific Time Duration】	
Occupation of Father	
Occupation of Mother	
Country (area) right now	
Bank Debit Card Number (Pls make sure the validity)	

I hereby submit my **Monthly Allowance Make-up Plan APPLICATION** due to the consideration of (Please choose):

- Families with Financial Distress (unemployment of parents, etc)
- High Medical Expenses of serious illness due to COVID-19

Please verify my situation and carry out the censorship and then make up the plan accordingly.

Applicant (Signature):

Date:

(Please scan the page with your signature and send it back to fso@usst.edu.cn, email subject shall be "Monthly Allowance Application of XXXX(NAME) + XXXX(Student ID)")