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**Application Form for the 2025 ITO Scholarship Awards**

**Type** **or** **print** **all** **the** **information** **except** **for** **signatures.**

**1. Full Name**

 　 First 　　　 　 Middle 　　　 　　 　　 Last

**2. Nationality 　 　　 3. Sex**

**4. Date of Birth**  　 .　　 . 　　　 **Age** 　 **5. Marital Status**

Month 　 Day 　 Year

**6. Present Address**

**7. Phone Number**

**8. E-mail address**

**9. Theme of your study in Japan (within 15 words):**

**10. University and professor you plan to apply to in Japan:**

 **First Choice:**

University

 Department (Graduate School)

 Professor Application Period

Month Day Year

　　The Date of Announcement of Enrollment Result

Month Day Year

Status □Regular MA student or □Research student in graduate program

 **Second Choice:**

University

 Department (Graduate School)

 Professor Application Period

Month Day Year

　　The Date of Announcement of Enrollment Result

Month Day Year

Status □Regular MA student or □Research student in graduate program

**11. Period of your plan of the study in Japan:** Spring/ Fall . 2025 to . 20

Semester Year Month Year

 　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　 **4­2**

**12. A person to whom we could contact in case of emergency:**

**Name**

 　 First 　　　 　 Middle 　　　 　　 　　 Last

**Relationship to you**

**Address**

**Phone Number**

**13. Give the following information on your family:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full Name** | **Relationship** | **Age** | **Occupation** | **Address** |
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**14. Educational and occupational experiences:**

 (List, in chronological order, all the schools you attended and all the companies you worked for

　 after you had entered a senior high school.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of School or Company** | **Major or Position** | **Location** | **Period of Attendance or Employment** |
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**15. List the scholarship you are applying for (Include the ones you plan to do so) :**

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**16. Reference:**

Full Name 　　　　　　　　　　　　　　　　　　　　　　　　　 　Age

 First Middle 　　　 Last

Address

Phone Number 　　Occupation

Relationship to the Scholarship Student

Signature Date

Month 　 Day 　 Year

|  |
| --- |
|  　　Please attach an 　　ID photo here. (2 inches by 1.5 inches) |

**I certify that the information I have provided on this form is complete, accurate, and true to the best of my knowledge.**

 　　Signature Date

Month 　 Day 　 Year