

APPLICATION FORM

FORM 1

Ajinomoto Scholarship for ASEAN+ONE International Students

「味の素スカラシップ」申請書

- ・Type in Japanese or in English block letters. (明瞭に記入すること)
- ・Numbers should be Arabic numerals. (数字は算用数字を用いること)
- ・Years should be written using the Anno Domini system. (年号はすべて西暦を用いること)
- ・Proper nouns should be written in full and not abbreviated. (固有名詞は正式名称で省略しないこと)

氏名 Name (In Roman block capitals)		姓 Family name	名 First and middle name	写真 Photograph <u>Paste a passport size photograph</u> taken within past 6 month. Write your name in block letters on the back of the photo.)
生年月日 Date of birth 年 月 日 Year Month Day		性別 Sex <input type="checkbox"/> Male <input type="checkbox"/> Female 男 女		婚姻状況 Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married 未婚 既婚
年齢 Age		国籍 Nationality		出生地 Place of Birth
現況 Present status with the name of your university or employer) _____ _____				
現連絡先 Present contact address Address _____ _____ Tel: _____ Fax : _____ Cell Phone: _____ E-mail : _____				
緊急連絡先 Person to contact in case of emergency Name _____ Relation: _____ Address _____ _____ Tel _____ Fax _____ _____				

GPA(Grade Point Average)	Bachelor's _____	Master's _____
GRE 一般知識点 General Point _____	科目点 Subject Point _____	
(If possible)	(Subject name) _____	

学歴 Educational background

	Name and Location of School	Period attended to schools	Years and month attended	Major Subject, Diploma or Degree Awarded
小学校 Elementary School	Name Location (City)	From To	Years Months	
中学校 Middle School	Name Location (City)	From To	Years Months	
高校 High School	Name Location (City)	From To	Years Months	
大学 University/College	Name Location (City)	From To	Years Months	
<input type="checkbox"/> 4年制大学 4-Year University/College <input type="checkbox"/> 5年制大学 5-Year University/College				
大学院 Graduate School	Name Location (City)	From To	Years Months	

修業年限合計 Total years of education

_____	Years
_____	Months

職歴 Employment record 年代順にお書きください。(Please fill in your record in chronological order)

組織の名前 Name and address of organization	勤務期間 Period of employment	役職 Position	職種 Type of work
	From To		
	From To		
	From To		

学位 Academic Degree

機関 Institution	年 Year	月 Month
取得学位 Conferred Degree:	a) Bachelor's Degree 学士	b) Master's Degree 修士
		c) Doctorial Degree 博士

指定された大学における希望する大学院研究科**(※希望する大学の大学院研究科、専攻(コース)、指導教員名を記入。)****Name of graduate school, major and host professor of designated Universities which you wish to enroll.**

University Name	Graduate School	Major (Course)	Host Professor

以下のいずれかを選んでください。 Select one with placing × in the ().

() 外国人研究生(原則1年間)+修士課程(2年間)を希望する。

Foreign research student (Generally 1 year) + Master course student (2 years)

() 修士課程(2年)を希望する。 Master course student (2 years)

日本語習熟度 Japanese Language Proficiency (If possible)

日本語学習歴 Details of Japanese Language Study

学習期間 Period of Study(MM/YY)		学習時間 Total study Hours	日本語学習機関又は大学履修科目名 Name of Institution or Course in the university
From:	To:	Hours	

日本語能力検定試験の結果 Result of your JLPT (Japanese Language Proficiency Test)

受験日 Date of the test	受験地 Place of the test	試験結果 Your test result
Month Year		Level passed: Total score:

語学習熟度(母国語を除く) Language Proficiency (Except your native language)

語学習熟度を自己評価してください(Evaluate your language level using the following scale:

4 – Excellent, 3 – Good, 2 – Fair, 1 - Poor.)

	Japanese	English	Others (Specify in blank) ()	Others (Specify in blank) ()
Reading				
Writing				
Oral Communication				

他の奨学金に応募している場合は、その名前、機関、金額等を記入 If you are applying for other scholarship, state the details (name of the sponsor, duration, amount, etc).

I understand and accept all the matters stated in the Application for “Ajinomoto Scholarship for ASEAN International Students” and hereby apply for this scholarship.

(私は「味の素スカラシップ」募集要項に記載されている事項をすべて了承し、申請します。)

申請年月日 Date of application

申請者署名 Applicant's Signature

申請者氏名 Applicant's name
(In Roman block capitals)