

# 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)

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

学位 Academic Degree (e) Bachelor's _____ Master's _____	
機関 Institution (If possible) _____ 一般知識点 General Point _____ 科目点 Subject Point _____ 月 Month _____ (Subject name) _____	
職歴 Educational background a) Bachelor's Degree b) Master's Degree c) Doctorial Degree	
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.	博士 Major Subject, Diploma or Degree Awarded
University Name Graduate School Major (Course) Host Professor	Location (City) To Months Years
中学校 Middle School Name Location (City)	From To Months Years
高校 High School Name Location (City)	From To Months Years
以下のいずれかを選んでください。 Select one with placing x in the ( ).	
大学( ) 外国人研究生(原則1年間) + 修士課程(2年間)を希望する。 University/College Foreign research student (Generally 1 year) + Master course student (2 years)	From To Months Years
<input type="checkbox"/> 4年制大学 4-Year University/College <input type="checkbox"/> 5年制大学 5-Year University/College	From To Months Years
日本語学習歴 Details of Japanese Language Study Graduate School	
学習期間 Period of Study(MM/YY)	学習時間 Total study Hours
卒業年限合計 Total years of education	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: _____	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)	
組織名 Name and address of organization	勤務期間 Period of employment
受験日 Date of the test	試験結果 Your test result
Month _____ Year _____	Level passed: _____ Total score: _____
From _____ To _____	From _____ To _____

**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)