

## Application Form

### The 35<sup>th</sup> NSK-TJA Fellowship Program

\* Please type or print clearly.

\*\* Please submit the application form with:

- 1) A statement from your employer supporting the application and authorizing a leave of absence for the duration of the program
- 2) A brief description of your employing organization
- 3) One I.D.-type photo of yourself attached to this page
- 4) Your business card
- 5) A copy of your news article or work published or produced at your own medium
- 6) A supporting document that certifies your English proficiency
- 7) A copy of the pages in your passport that shows your name and your photograph

PHOTO  
(5cm × 5cm)

1. Full Name: Mr.

Ms. \_\_\_\_\_

\* Please write your family name in all CAPITAL LETTERS.

2. Nationality: \_\_\_\_\_

3. Passport Number: \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(day) (month) (year)

5. Religion: \_\_\_\_\_

6. Employing Organization: \_\_\_\_\_

Full Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Facsimile Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

7. Present Position: \_\_\_\_\_

8. Name and title of your immediate supervisor:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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Full Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Facsimile Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

7. Present Position: \_\_\_\_\_

8. Name and title of your immediate supervisor:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

9. Academic Background:

*(List high school, all undergraduate and graduate experience. Begin with most recent.)*

(Institution)	(Degree)	(Date)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Employment Background: *(Begin with most recent.)*

(Organization)	(Date)
_____	_____
_____	_____
_____	_____
_____	_____

11. Home Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Facsimile Number: \_\_\_\_\_

12. In case of accident or illness, the person to be contacted:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Facsimile Number: \_\_\_\_\_

13. Dietary restrictions, if any: \_\_\_\_\_

14. Smoke:       Yes       No

15. Drink alcohol:       Yes       No

16. Reasons for applying for this program:

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17. Subjects of particular interest you wish to cover during your stay in Japan:

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*I hereby declare the above statements to be true and correct, and pledge by signing below that I will participate fully in this program to its end unless I am prevented from doing so by an unforeseen event.*

Date: \_\_\_\_\_

Signature: \_\_\_\_\_