

Scholarship for Japanese Emigrants and their Descendants in Latin America and the Caribbean: Program for Developing Leaders in Nikkei Communities
Application Form

Date: / /

Personal History		
Name as it appears in passport (in Roman block letters)	Photo (4cm Lx3cm W)	
Name as it appears in passport (in Japanese)		
Nationality		
Gender/Marital status		Male/Female Single/Married
Passport number		
Date of birth	/ / mm/dd/yyyy (Age:)	
Place of birth	(-generation Nikkei)	
Current address (Japan residents should write permanent address also)		
Phone number and FAX number (Japan residents should provide the numbers in one's home country also. Include country and area codes)		
Email address		
Visit to Japan (Study experience in Japan should be listed here. Scholarship recipients should indicate the program name also)	/ / - / / (mm/dd/yyyy) Purpose:	
	/ / - / / Purpose:	
	/ / - / / Purpose:	
Month, Year	Education/Employment Record	
	Graduated [(High school)]	
	Entered [(College)]	
	To graduate/Graduated/Withdrawn [(College)]	

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Appointed University	
University name	
Research subject	
Major	
Name of professor	
Language to learn	
Address	
Phone and FAX number	
Research field (Number 5 under the application guidelines)	
Research theme	
Content of the research theme indicated above (in detail)	

Personal History

Date: / /

Name				
Japanese Skills	Proficient	Working knowledge	Limited	None
Reading				
Writing				
Speaking				

English Skills	Proficient	Working knowledge	Limited	None
Reading				
Writing				
Speaking				

Emergency Contact (Japan)	Relationship	Name	Occupation	Address, phone/FAX number etc.

Relatives /Acquaintances in Japan	Relationship	Name	Occupation	Address, phone/FAX number etc.

Family Status	Relationship	Name	Age	Place of Work	Live together/separately

健康診断書

受診日 年 月 日

氏名	(男・女)	生年月日	年 月 日 (歳)
住所			
身体計測	身長 _____ cm 体重 _____ kg	尿検査	糖 (_____) 蛋白 (_____)
感覚器系	視力 右 (.) 左 (.) 聴力 異常なし・あり	血液検査	血沈 1 時間値 _____ mm 2 時間値 _____ mm G O T _____ 単位 G P T _____ 単位
呼吸器系	理学的所見 異常なし・あり 胸部 X 線直接撮影 肺の異常所見 なし・あり フィルム No.	う歯	未処置歯 _____ 本・処置歯 _____ 本
		その他必要性を認めて実施した検査結果	
		既往歴	
循環器系	理学的所見 異常なし・あり (心雑音 なし・あり) 血圧 (mmHg) (最高) ____ / ____ (最低) 胸部 X P 心陰影 (上図参照) 異常所見 なし・疑い・あり	総合所見	
上記のとおり診断します。		年 月 日	
所 属 :			
医師氏名 :		(署名)	

CERTIFICATE OF HEALTH

Name of Applicant (in Roman block capitals) _____

Sex (M · F) _____ Age _____ Date of Birth _____ - _____ - _____

Present Address _____

Height _____ (cm) Weight _____ (kg)

1. SENSE SYSTEM

Eyesight Right _____ ()

Left _____ ()

Hearing Normal / Abnormal

2. RESPIRATORY SYSTEM

Medical Judgment Normal / Abnormal

Chest X-Ray Examination

Condition of Applicant's Lungs

Normal / Abnormal

Film No. _____

3. CIRCULATORY SYSTEM

Medical Judgment Normal / Abnormal(Heart Murmur Normal / Abnormal)

Blood Pressurizes. _____ / _____ dia.

Condition of Applicant's Heart

(cf. Above Graph)

Normal / Doubtful / Abnormal

4. URINE TEST

Sugar _____ Protein _____

(please indicate with +, if you find any disease or abnormality, or with -, if not)

5. BLOOD TEST

Precipitation of Blood

1 hour later _____ mm

2 hours later _____ mm

GOT _____ unit

GPT _____ unit

6. DECAYED TOOTH

Untreated _____ Treated _____

7. Findings of other tests, if any

8. Previous History

9. Total Judgment for Applicant's Health

Name & Title of Physician _____

Address _____

Date _____

Signature _____

Pledge

To President, Japan International Cooperation Agency

Upon my admission to your program for Scholarship for Japanese Emigrants and their Descendants in Latin America and the Caribbean: Program for Developing Leaders in Nikkei Communities, I hereby pledge and agree to devote myself to studying in a Japanese university and comply with the following considerations.

1. To abide by Japanese Law and the rules of the institution where I undergo training and to remain in Japan as a bona fide member of the society.
2. To abide by the instructions and decisions from your agency.
3. To compensate for any damage I may cause intentionally or by negligence.
4. In case any of the following cases applies to me and results in salary suspension, I abide by the decision and immediately return to my country.
 - (1) Violation of Japanese Law or an action to disturb the social order
 - (2) Violation of the institution rules
 - (3) Violation of the content or conditions on salaries decided by your agency
 - (4) Interruption of studies due to a personal reason
 - (5) Inability to continue studies due to significant emotional/physical difficulties or health problems
 - (6) fraud on application documents
 - (7) Inability to start a Master's /Doctoral course within one year after the start of the aid payment
 - (8) Inability to start studies at the appointed university by the last day of October in the designated academic year
 - (9) Reception of other scholarship money or equivalent besides the aid from your agency (except those assigned specifically for research)
 - (10) Other unavoidable circumstances due to reasons your agency deems
5. Not to demand anything to your agency in the case of returning to my country upon salary suspension or damages caused in the aforementioned cases
6. After completing the program, I promptly return to my country and proactively contribute to the development of the local community with the knowledge I have gained

END

Date: _____ / ____ / ____

Name of applicant: _____

Signature: _____

I declare I will make the aforementioned applicant observe the pledges stated on this document.

Date: _____ / ____ / ____

Name of guarantor: _____

Signature: _____

Current address: _____

Relation to the applicant: _____

Name: _____

Future Plan

*This program aims to nurture future Nikkei community leaders to encourage economic growth and development in Nikkei society and the country of its location. Answer and describe your view of the following: 'how can you contribute to your home area and Nikkei society in the future with the research and experience you intend to acquire via graduate school?' Any plan that does not indicate benefits for a Nikkei community will not be evaluated.

見本

(※なお、本内諾書は、留学生各自が大学院側と個々に連絡をとり、留学の手続きを進めているか確認するものである。このため、文面の受入条件については、受入先により異なって構わない。)

大学受入内諾書

年 月 日

独立行政法人国際協力機構 殿

私は、下記の者が本学の外国人入学試験に合格した場合には、同氏を本学の外国人留学生の制度に基づき当教室で受け入れ、本人希望の研究を指導することを証明します。

記

氏名 _____

以上

_____ 大学 _____ 学部

_____ 研究室

_____ 印