Application Form for Hitachi Scholarship

Name:

 (Family Name) (First Name) (Middle Name)

Nationality:

Photo taken within the past 6 months

without hat

3cm x 4cm

Date of Birth: Age:

　　　　　　　 (Year) (Month) (Day)

Sex (circle): Male or Female

Marital Status (circle): Single or Married

Current Title/ Position in University:

Department/ Faculty:

Address (University):

Home Address:

TEL:

 (Office) (Mobile Phone)

FAX: E-Mail Address:

 (Office)

Contact in case of Emergency

Name & Relation:

TEL/FAX/E-Mail:

Proposal on School/Course/Period/Host Scientist

Intended Graduate School

Name:

Department:

Major:

Period

From To

No. of Years

Entrance Exam (circle): Required or Not Required

Timing and Location of the Exam if required:

Japanese Host Scientist

Name:

Title or Position:

E-Mail Address:

Reason for Selection of Host Scientist/Graduate School

Supervisor in Home University

Name:

Title or Position:

Educational Background (from primary school)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of School | Place/Country | Period (YY/MM – YY/MM) | Degree | Financed by |
|  |  | – |  |  |
|  |  | – |  |  |
|  |  | – |  |  |
|  |  | – |  |  |
|  |  | – |  |  |
|  |  | – |  |  |

Honors Awarded:

English Language Ability

1. Please evaluate your English language ability by Excellent, Good, Fair or Poor.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Reading | Writing | Listening | Speaking |
| Ability |  |  |  |  |

2. Please describe how long and where you have studied English.

Period of Study:

Location and Institute:

3. Please describe your score if you have taken the Test of English as a Foreign Language (TOEFL) or similar test.

Score:

When:

 (Year) (Month)

Record of Study of Japanese Language, if any

|  |  |  |  |
| --- | --- | --- | --- |
|  | Institute | Location | Period of Study |
| 1 |  |  |  |
| 2 |  |  |  |

Record of Past Entry into / Stay in Japan

No. of Times

Physical Condition (circle)

 Excellent Good Fair Poor

Work Experience

|  |  |  |  |
| --- | --- | --- | --- |
| School/Institution(Location) | Period(YY/MM – YY/MM) | Position | Type of Work |
|  |  |  |  |

Family: Please fill in all the names of your family, i.e. your spouse, children, parents, brothers and sisters including the deceased. Those who wish to be accompanied by their families are advised to come alone first and let their dependents come after suitable accommodation has been found.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | Relation | Age | Occupation |
|  |  |  |  |

Proposed plan of study or research: Please describe in detail.

 Title:

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Plan after completion of study or research at the graduate school

Are you applying for any scholarship other than Hitachi Scholarship? If yes, please indicate to which scholarship the application has been made.

 Date:

 Signature: