

Application Form for "Ajinomoto Scholarship"

「味の素スカラシップ」申請書

- ・ Please type or write 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</u> photograph taken within past 6 month. Write your name in block letters on the back of the photo.)
生年月日 Date of birth 19 年 月 日 Year Month Day	性別 Sex <input type="checkbox"/> <input type="checkbox"/> Female Male 女 男	婚姻状況 Marital status <input type="checkbox"/> <input type="checkbox"/> Married Single 既婚 未婚
国籍 Nationality		
現況 Present status with the name of your university or employer) _____ _____		

現連絡先 Present contact information

Address

Tel: _____

Fax: _____

E-mail: _____

緊急連絡先 Contact person in case of emergency

Name _____

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 Address of School	Year and Month of Entrance and Completion	Year and Month of Entrance and Completion	Major Subject, Diploma or Degree Awarded
小学校 Elementary School	Name Location	From To	Years and month	
中学校 Middle School	Name Location	From To	Years and month	
高校 High School	Name Location	From To	Years and month	

大学 University/College	Name Location	From To	Years and month
大学院 Graduate School	Name Location	From To	Years and month

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 held	職種 Type of work
	From To		
	From To		
	From To		

日本語習熟度 (Japanese Language proficiency. Evaluate your level and insert × where appropriate in the following blank space.)

	優 Excellent	良 Good	可 Fair	不可 Poor
読む能力 Reading				
書く能力 Writing				
話す能力 Speaking				

外国語習熟度 Foreign Language proficiency: Evaluate your level and insert an × where appropriate in the following blank space.)

※母国語を除く。 Except your native language

	優 Excellent	良 Good	可 Fair	不可 Poor
英語 English				
その他 Others ()				
学位 Academic degree				

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

東京大学における希望する大学院研究科

(※希望する東京大学大学院研究科、専攻(コース)、指導教員名を記入。)

Name of the graduate school, the major and host professor of the University of Tokyo which you wish to enroll.

Graduate school	Major (Course)	Host Professor

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

() 外国人研究生 (1 年間) + 修士課程 (2 年間) を希望する。

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

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

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" and hereby apply for this scholarship. (私は「味の素スカラーシップ」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)

専攻分野及び研究計画

Field of Study and Study Program

氏名 Full name (Type or in block letters)

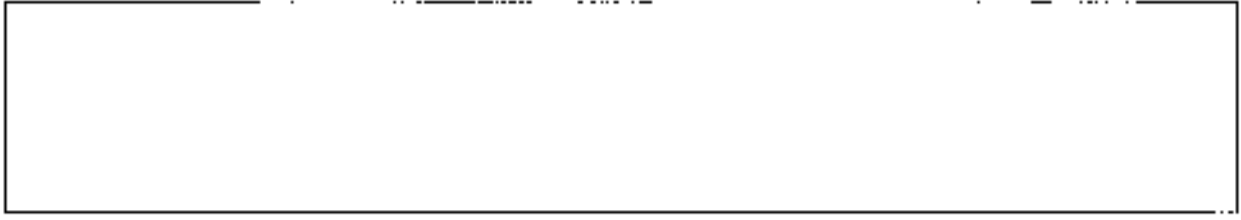
Family name

First name

Middle name

これまでの研究成果 Research activities in the past

日本での研究計画 Describe study program in Japan with details



A large empty rectangular box with a solid black border, intended for writing a personal statement.

自己紹介書 Personal statement: Describe about yourself (experience, why you choose to study in Japan, your future goals, etc) freely and briefly. 自分したこと (体験、日本に留学を決めた理由、将来像など) について自由に簡単に記入。

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RECOMMENDATION FORM

Applicant's name (Print):

Family name First name Middle name

To the Recommender:

This person named above is applying for "Ajinomoto Scholarship". We would appreciate if you gave us your opinion of the applicant's academic abilities, together with some comments on his/her character and potential that he/she would be leading the future Asia and contribute to the friendship between his/her country and Japan. Please fill in the below questions and write your recommendation in English or in Japanese. In order to ensure confidentiality, please place this in an envelope, sign the seal and return to the applicant. We welcome early submission to the candidate. Thank you for your cooperation and would like to assure you that your comments will carefully be considered.

How long have you known the applicant? From _____ To _____

In what capacity? _____

Please identify the group to which you are comparing the applicant:

- Undergraduate students Master's level students
- Others (Please identify the specific group): _____

How many years, approximately, have you evaluated people in this group? _____

How many people are in the group, in round numbers, totaled over those years? _____

Please rate the applicant relative to others in the group:

	Exceptional Top 2%	Excellent Top 5%	Very Good Top 10%	Good Top 25%	Average 50%	Poor Below 50%	N/A
Academic Performances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity and Originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation for Graduate Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reasons for Recommendation

[Empty rectangular box for content]

Please give us your contact information:

Name of Recommender:

Post or Position

Institution

.....
.....
Address: _____

.....
.....
E-mail: _____

TEL: _____

FAX: _____

Date: _____

Signature _____