

Form 1

CWAJ SCHOLARSHIP APPLICATION FOR THE VISUALLY IMPAIRED TO STUDY ABROAD 2021

CWAJ 視覚障害学生海外留学奨学金 応募願書

注意：この応募願書フォームは、CWAJ 視覚障害学生海外留学奨学金応募願書の記入枠を外して、入力しやすくしたものです。各項目のあとに続けて、または改行して入力してください。行がずれたり、書式の乱れがあってもかまいませんが、内容は英語でできるだけ詳しく記入してください。必ずプリントアウトし、署名をしてから提出してください。以下はすべて英語です。

Please complete this form in English.

1. PERSONAL INFORMATION (1-1 to 1-14)

1-1 Name in Romaji (FAMILY NAME, First Name)

1-2 Name in Kanji with Furigana

1-3 Date of Birth (YYYY/MM/DD)

1-4 Nationality

1-5 Grade of Disability

1-6 Present Address in Kanji

1-7 Present Address in Romaji

1-8 Home Tel

1-9 Mobile Tel

1-10 Personal e-mail Address

1-11 Address for Future Reference (e.g. Family Home Address) in Kanji

1-12 Address for Future Reference (e.g. Family Home Address) in Romaji

1-13 Family Home Tel

1-14 Permanent e-mail address, or Family Home e-mail address

2. EDUCATIONAL QUALIFICATIONS

List all your education after high school indicating: a) Academic Institution, b) City, c) Department or Field of Study, d) Degree Received or Current Status, and e) Dates of Attendance.

3. PREVIOUS STUDY ABROAD OR INTERNATIONAL EXPERIENCE

List all your international experience indicating: a) Purpose of your stay, b) Country, and c) Dates (from–to). Include junior high school and senior high school.

4. TOEFL or IELTS Score with date taken**5. PROPOSED STUDY PROGRAM**

List all indicating: a) the name and address of the university(ies) to which you are applying, b) Department, c) Field of Study, d) Accepted or not, e) Degree to be obtained, and f) Dates (from–to). If not yet accepted, please send verification of acceptance as soon as received.

6. WORK/VOLUNTEER/SPORTS/EXTRA CURRICULAR EXPERIENCES

List all indicating: a) Organization/Employer, b) City and Country, c) Description (e.g., type of work or activities), d) Dates (from--to)

7. SIGNIFICANT PUBLICATIONS, PRESENTATIONS, HONORS and AWARDS

List all with a) Description, b) Date. DO NOT send publications, abstracts, or title pages.

8. REFERENCES (Names, titles, and institutions of individuals whom you have asked to complete Form 3.)

#1. a) Name, b) Title, c) Institution

#2. a) Name, b) Title, c) Institution

9. FINANCIAL INFORMATION

Previous and current university-level fellowships, scholarships or government support. Include dates and amounts. List any other scholarships for which you are applying. Specify the grantor, duration, amount, and date of notification.

10. SIGNATURE

“I certify that all information included in this application is accurate to the best of my knowledge.”

Signature of applicant (required)

Date:

End of this form. Form 2 (Essay) and Form 3 (Letter of Reference) follow.

Form 2

ESSAY

In reading your application, we want to get to know you as well as we can. Please write an essay that tells us something about who you are and what you hope to achieve. Your essay should include but not be limited to: 1) a description of your proposed study program; 2) an explanation of why your subject is important; and 3) your long term plans. It should be no longer than 800 words (text only, no photos or graphics) and may be word-processed or handwritten. Sign and date your application on the second page of Form 1, above the line "Signature of applicant."

Please note: Members of the CWAJ Scholarship Selection Committees have backgrounds in many different fields. It is important that you write your essay as if you were explaining yourself and your work to an educated person who is not an expert in your field.

Form 3

COLLEGE WOMEN'S ASSOCIATION OF JAPAN CONFIDENTIAL LETTER OF REFERENCE

Name of Applicant _____

Thank you for helping the College Women's Association of Japan to evaluate the scholarship applicant named above. Please complete this form in English or include an English translation. Place the completed form in a sealed envelope marked with the applicant's name and "Confidential." Sign or place your official seal across the envelope seal, and return the envelope to the applicant for inclusion in the completed application. Please word process or print clearly. You may attach a separate sheet with your responses.

Name of Referee _____

Occupation, Title, Field _____

Firm or Institution _____

Address _____

Tel _____ Fax _____ e-mail _____

How well, how long, and under what conditions have you known the applicant?

The CWAJ Selection Committee would like your assessment of each of the following characteristics with respect to this applicant. Using the following numeric ranking system, please place a number in the box beside each of the categories below. In the spaces provided, discuss your ranking of the applicant with respect to each characteristic, using specific examples. (If you prefer, your discussion of these items may be typed on another sheet and attached.)

RANKINGS:

1 – Exceptional (one of the best I have encountered in my career)

2 – Excellent (top 10%)

3 – Very Good (well above average)

4 – Good (above average)

5 -- Average

6 – Below Average

X – No basis for judgment

1. The applicant's intellectual ability and knowledge in her/his chosen field

RANKING

2. The applicant's future potential in her/his chosen field

RANKING

3. The merit and validity of the applicant's study program

4. The applicant's ability to plan and execute study objectives

5. The initiative, character and leadership qualities of this applicant

Please use the space below to tell us anything else you think would help us to evaluate this applicant.

Signature

Date

Thank you for taking the time to fill in this form.

3

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