2019 JAUW INTERNATIONAL FELLOWSHIP

APPLICATION FORM Part 1 (Personal Data)

**MUST BE RECEIVED by:** March 31, 2019

All entries must be single spaced and typed in English. The format must be kept as specified in this application form.

PHOTO

1 **Name in full & Age, Date of Birth**

**­­­­­­­­­­­­­­­­­­­­­­ ­­­­­­­­­­­­­­­­­­­­­­ ­­­­­­­­­­­­­­­­­­­­­­**

(surname/family name) (given name, inclusive of middle name and/or others)

­­­­­­­­­­­­­­­­­­­­­

age /as of Mar.31,2019 year of birth month day

1. **Postal address and related information**:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 2-1 e-mail address | |  | | | | | |
| 2-2 Nationality | |  | 2-3 Permanent  address | (country) (area/city) | | | |
| 2-4 Postal address | |  | | | | | |
| 2-5 Telephone number | (country code) (area/city code) (local code) (your number) | | | | 2-6 FAX | (country code) (area/city code) (local code) (your number) |

**3** If you have a **Membership** of a National Federation and /or Association(NFA, [click here to see](http://www.ifuw.org/where-we-work/) info of this ) of the Graduate Women International (GWI, [click here to see](http://www.ifuw.org/) info of this), or an independent member of GWI ([click here to see](http://www.ifuw.org/who-we-are/our-membership/independent-members/) info of this),

enter below the name of your Federation or Association.

|  |
| --- |
| the name of your Federation and/or Association |

**4 Academic qualification**

|  |  |
| --- | --- |
| Bachelor’s degree | field 　　 university 　　　　　　 country year |
| Master’s degree | field university country year |
| Doctor’s degree | field university country year |
| Presently  Doctoral student | field university country from when |

**5. Foreign language proficiency leve**l (Please mark A in the table below for advanced, I for intermediate, and E for elementary):

|  |  |  |  |
| --- | --- | --- | --- |
|  | Speaking | Reading | Writing |
| English | A I E | A I E | A I E |
| Japanese | A I E | A I E | A I E |

**6.**  **Letters of Recommendation** Please list the Names and Capacities of three persons who are well acquainted with your work, indicating how long each of them has known you. Please select at least one person from institutions/university where you are presently working, a professor if you are presently at graduate school, for example.

. If you are a member of an NFA of GWI or GWI’s independent member, you may include among the three the President of your Federation or Association as a recommender.

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Full Name | Status | How long |
|  |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

**7. Work experiences/activities:** List up to three work experiences/activities in reverse chronological order, with the most recent one at a top.

|  |  |  |  |
| --- | --- | --- | --- |
| **Period in descending order** | **Place of Work (name of university, institute, company)** | **Position/Title** | **Brief description of work** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**8. Have you ever been in Japan for more than 3 months to do study,/research before this application?**

|  |  |  |
| --- | --- | --- |
| How many times? | ( ) times | Your last stay from :( year )(month ) to ( year )(month ) |

**9. Proposed dates of arrival in and departure from Japan:**

Arrival:2019 Departure;2020

year month day year month day

**10. Other awards/financial aids** you are applying for the same period of your stay in Japan:

|  |  |
| --- | --- |
| Name of Fund | Date of Result Announcement |
|  |  |
|  |  |

**11. Budget Estimation (in Japanese Yen): \*** Please enter with inputs of your host supervisor.

Round trip between Tokyo and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estimate cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cost to pay to your host institute(\*):

Entrance fee (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tuition or the like \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**12. Signature and Date:** By submitting this form you certify that all the information provided on this form is complete and correct to the best of your knowledge

Signature (full name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: