INVITATION PROGRAM FOR JAPANESE AMERICAN STUDENTS (June/July, 2016) APPLICATION FORM

Individuals selected must be able to travel to Japan <u>from June 24 to July 4, 2016</u>. Deadline for application submission: <u>April 29, 2016</u>.

1.

PERSONAL INFORMA Name: (First Name) (Last Name) (Middle Name)	TION			
Date of Birth:		(YYYY/MM/DD))	
Age:			,	
Sex: M / F				
Special service needs for your staying in Japan:				
Special service needs to	i your stuyir	ig in jupun.		
Home Address:				
Phone Number:				
E-Mail Address:				
School Information:				
(Name)				
(Address)				
(Phone Numb	er)			
Emergency Contact Info	rmation:			
(Address)				
(Name)				
(Relationship	,)			
(Phone Numl	ber)			
Drien Weite to James if A	\1: - a b l a .			
Prior Visits to Japan if A (Year)	ipplicable:			
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(Length of St. (Purpose of V	-			
(i uipose oi v	151(5)			
Are your father and mot	her Iananes	e American?		
(Father) Yes	· •	se specify		
·	/ No (Pleas			
(Wiother)	7 140 (1 1cu	se specify		
How would you rate your Japanese? Please check the number.				
	Beginner	Intermediate	Advanced	Native
Speaking	1	2	3	4
Listening	1	2	3	4
Reading	1	2	3	4
Writing	1	2	3	4

Please attach a copy of the passport page where passport number and photograph are printed HERE on this blank box. *If you are currently waiting for your passport delivered, fill in the following. The approximate date of delivery is (Month Date).

- 2. Please provide a brief response to the following questions. Attach separate sheet no more than TWO pages double-spaced.
 - a) Why do you wish to participate in this program?
 - b) Briefly describe any prior experience you have had regarding Japan.
 - c) How did you learn about this program?

Please send all information by mail to your local Consulate General of Japan (see attached list). Residents of Washington, D.C. should send information to the Embassy of Japan. <u>Deadline for application submission: April 29, 2016.</u>
For more information, please contact your local Consulate General of Japan.