## Date 2017 . 11 . 1

No.

## Application Form for 2017 Kanbe Foundation

Name			4cm×3cm Photo taken			
Family name (Sample)	First name	Middle name	within the past 6 months without hat			
Kanbe	Ichiro	Maruwa				
Nationality	Gender (Circle)	Date of Birth	Age			
China	Male Female	1980.09.01	36			
Status of Residence in Japan*						
Study Abroad Training Cutural Activities Other						
Home Address						
3-83, Minamihonjigaharacho, Owariasahi-shi, Aichi, 488-0044, Japan						
Telephone Number		Mobile Phone				
123-456-7890		123-456-789	91			
E-mail Address						
Pasport Number	AB-1234567					
Japanese Host Institution ** (University, School, Individual Artist, Organization, etc.)						
Name Kanbe jiro		Institution Aichi Ceramics Laboratory				
Address Minamihonjigaharacho, Owariasahi-shi ,Aichi,488-0055,Japan						
E-Mail Address	000.00.00	Telephone Number 123-456-7898				
Emergency Contact						
Name & Relationship to you Kanbe Ichiko mother						
Telephone Number 123–4	<b>456-7</b> 888	E-Mail address				
*If you do not have appropriate residence status at the stage of your application, please leave this section blank. Please note that you must receive appropriate residence status by April 28, 2017 and that you must notify the Kanbe Foundation as soon as you receive permission to live in Japan.						
**If the Japanese host institu	ation/individual has not yet be	en selected at this stage of you	r application, please			

leave this section blank and notify the Kanbe Foundation as soon as this information is available.

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			<u>No.</u>	
		Date	/	/
Name :	Period: From	То		
Field of study				
What are your chiestives for this period of study				
What are your objectives for this period of study	ſſ			
What is the process through which you will achie	eve your objectives?			
What are the specific outcomes you are planning	g to achieve by the end of this perio	d of study? (Origin	al piece	es of art,
academic papers, etc.)				
In the future, how do you plan to build on what	you achieve during this course of st	udv?		
		Kanbe	Found	ation Inc. 2

No.

Date / /

Name of the person writing this recommendation

Professional affiliation and position

Address

## Recommendation for Kanbe Foundation 2017 Scholarship

Name of applicant

Applicant's field of study or area of interest

Please explain why you recommend the applicant

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