INVITATION PROGRAM FOR JAPANESE AMERICAN STUDENTS (June/July, 2019) APPLICATION FORM

Individuals selected must be able to travel to Japan <u>from June 29 to July 9, 2019</u>. Deadline for application submission:.

1.

PERSONAL INFORMA Name: (First Name) (Last Name) (Middle Name)	ATION			
Date of Birth (YYYY/M	M/DD):			
Age:				
Sex: M / F				
Special service needs for	or your stayın	g in Japan:		
Home Address:				
Phone Number:				
E-Mail Address:				
School Information:				
(Name)				
(Address)				
(Phone Numb	er)			
Em argamay Cambach Inf				
Emergency Contact Info (Address)	ormation:			
(Name)				
(Relationshi	n)			
(Phone Number)				
(11011011011				
Prior Visits to Japan if	Applicable :			
(Year)				
(Length of S	tay)			
(Purpose of '	Visits)			
Are your father and mo				
	/ No (Pleas)
(Mother) Yes	/ No (Pleas	se specify)
How would you rate yo	our Iapanese?	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

Passport Information: 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:</u> <u>April 19, 2019.</u>

For more information, please contact your local Consulate General of Japan.