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| isi2 | **Application for Special Scholarship** |
| **ISI Japanese Language School Education Center**  *Sumitomo Fudosan Shinjuku Grand Tower 12F, 8-17-1 Nishi-Shinjuku,*  *Shinjuku-ku, Tokyo 160-6112, Japan*  *TEL : +81-3-5962-0405 　FAX : +81-3-5989-1086 E-mail:info@isi-global.com URL: www.isi-education.com* |

Note: All sections on this form must be completed. Please type/print clearly and check 🗹 boxes where appropriate.

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| **APPLICANT’S INFORMATION**  Photograph  \*Please send your portrait photo in digital format. | | | | | | | | | | | | |
| Family Name  As shown on your passport**:** | |  | | | First (Middle) Name  As shown on your passport**:** | | | |  | | |  |
| Full Address: | |  | | | | | | | Postal code: | | |
| Tel: | | |
| Emergency Contact: | | Name: | | Tel: | | | Relationship: | | | Country: | |  |
| Guarantor | | Name: | | Tel: | | | | | | | |  |
| E-mail: | |  | | Date of Birth: | | YYYY/ MM/ DD/ | | | | | |  |
| Sex: | | ☐ Male ☐ Female | | Nationality: | |  | | | | | |
| Passport No.: | |  | | Valid Until: | | YYYY/ MM/ DD/ | | | | | |
|  | |  | | Last Education | | | |  | | | | |
| Status of residence (multiple choices allowed) | | ☐ Convention Refugee  ☐ Designated Activities with Work Permit  ☐ Designated Activities without Work Permit  ☐ Other ( ) | | | | | | | | | | |
| Valid Until | | YYYY/ MM/ DD/ | | | | | | | | | | |
| **JAPANESE ABILITY** | | | | | | | | | | | | |
| Have you studied Japanese before? | | | ☐ Yes　 🡪　 (How long? Year 　　 Months) | | | | | | | | ☐ No | |
| Have you passed the JLPT? | | | ☐ Yes,　 (JLPT　N )　　　　　　　　 ☐ No | | | | | | | | | |
| **SCHOOL** | | | | | | | | | | | | |
| School: | ☐ Tokyo-Ikebukuro (Only those who can transfer to Shinjuku Campus after April 2025.)  ☐ Tokyo-Shibuya | | | | | | | | | | | |
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**Statement of reasons**

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|  | **Statement of reasons for this Special Scholarship**  ※Provide reasons for your application including the following information. (Concrete reasons for taking Japanese language education／Reasons for choosing ISI language school and the course/ Reasons for applying for this scholarship／Your financial situation and your family's understanding of education） |
|  |  |
|  | **Your current situation**  ※Explain your current living situation.(Family members living with you / working hours, date / extra activity) |
|  |  |  |
|  | **Your plan to manage your scholar life**  ※Describe in detail how you plan to manage your schedule once you are admitted to our school |  |
|  |  |
|  | **Career explanation after graduating our school**  ☐ entering a higher-level school in Japan   |  |  | | --- | --- | | Institution type to enter | ☐ graduate school (doctorate) ☐ graduate school (master’s degree)  □university/college(bachelor's degree)  ☐ junior college ☐ vocational school |   ☐ working in Japan ☐ Others ( ) |

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| isi2 | **Declaration on Health Status** |
| **ISI Japanese Language School Education Center**  *Sumitomo Fudosan Shinjuku Grand Tower 12F, 8-17-1 Nishi-Shinjuku,*  *Shinjuku-ku, Tokyo 160-6112, Japan*  *TEL : +81-3-5962-0405 　FAX : +81-3-5989-1086 E-mail:info@isi-global.com URL: www.isi-education.com* |

Please use this declaration form to provide information regarding your current health status.

To lead healthy lives for all students, it is important for faculty members to be aware of your health condition. Please fill in the following

sections in detail. Please acknowledge that we do not provide medical practice or dispense medication at school. This declaration will be kept confidential.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. How is your current health condition?   Please select from the following options. | | | ☐ Very good ☐ Normal ☐ Not good　 　　☐ Bad | | |
| 1. Are you currently undergoing treatment for any health issues? | | | ☐ No  ☐ Yes | From YYYY/ MM/  Name of disease（　　　　　　　　　　　　　　　 　 　） | |
| 1. Are you currently taking any prescribed medications? Did you take any prescribed medications in the past year? | | | ☐ No  ☐ Yes | Time of prescription　　　YYYY/ MM/  Medicine：☐　Tranquilizer　 ☐ Antiepileptic drug ☐ Asthma medications ☐ Others:（　　　　　 　　　 　 　） | |
| 1. Have you had any surgeries or been hospitalized in the past five years? | | | ☐ No  ☐ Yes | Time in hospital　　 　YYYY/ MM/  Reason（　　　　　　　　　　　　　　　　　　　　　　　　 　　） | |
| 1. Do you have a past history of diseases or any chronic diseases?   If so, please select from the following options, and fill out the checked sections in detail. | | | | | |
| 1. Tuberculosis infection | ☐ No  ☐ Yes | Onset  　YYYY/ MM/ | | Current status  ☐　Recovered　　　　　☐　Taking medicine | |
| 1. Mental disorder | ☐ No  ☐ Yes | Onset  　YYYY/ MM/ | | ☐ Depression ☐ Anxiety ☐ Panic disorder  ☐ Attention deficit disorder（ADD)  ☐ Attention deficit hyperactivity disorder（ADHD) ☐ Other ( ) | |
| 1. Allergies   including asthma | ☐ No  ☐ Yes | Onset  　YYYY/ MM/ | | ☐ Food ☐Medicine ☐ Chemical products  ☐ Other（　　　　　　　　　　 　　　　 ） | |
| 1. Malaria, or other　infectious diseases | ☐ No  ☐ Yes | Onset  　YYYY/ MM/ | | Name： | |
| 1. Diabetes | ☐ No  ☐ Yes | Onset  　YYYY/ MM/ | |  | |
| 1. Other | ☐ No  ☐ Yes | Onset  　YYYY/ MM/ | | Current Status  ☐ Recovered ☐ Taking medicine | |
| 1. Do you have any vaccination history? | | ☐ BCG ☐ M.M.R. ☐ Polio ☐ Measles ☐ Rubella ☐ Diphtheria  ☐ Tetanus ☐ Meningitis　 ☐ Other（　　　 　　　　　　 ） | | | |
| 1. Special needs for dietary treatment or diet restriction | | ☐ No ☐ Yes | | | From　 　YYYY/ MM/  Reason（　　　　　　　　　　　　　　 ） |
| 1. Please, write any other information regarding your health condition that the school should know in advance. | | | | | |

グラフィカル ユーザー インターフェイス, テキスト, アプリケーション, メール

自動的に生成された説明