**Application for 2023 SUMS Scholarship**

Photo

(Write your name on the back of a photo.)

4.5cm × 3.5cm

Instructions

1.　Type or write neatly by hand in block letters in Japanese or English.

2.　Use Arabic numerals (0.1.2.3…) and Western calendar.

3. Write proper nouns in full without abbreviation.

To: The President of Shiga University of Medical Science,

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name  (in alphabet) | Surname | | | Given name | | | | | Middle name | |
| \* Write your name exactly as it appears on your passport | | | | | | | | | | |
| Date of Birth | (yyyy) (mm) (dd) | | Age  (as of April 1, 2024) | | | yrs | | Gender | | □　Male  □　Female |
| \* Applicants must have been born on or after April 2, 1988. | | | | | |  | | | | |
| Nationality |  | | | | | Marital Status | | | □　Single　□　Married | |
| Current Address |  | | | | | | | | | |
| Email |  | | | | | Phone | |  | |
| Final Educational  Record | Name of  Institution |  | | | | | | | | |
| Major  Faculty / Department |  | | | | | | | | |
| Year and Month of  Graduation | | /  (yyyy) (mm) □ Check (if to be expected) | | | | | | | |
| Current Affiliation | Name of  Institution |  | | | | | | | | |
| Department |  | | | Title /  Position | |  | | | |
| Address |  | | | | | | | | |
| Email |  | | | | | Phone | |  | |

**1. Academic Record**

\*If you took a leave of absence, specify the period and the reasons in the column “Remarks”.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Primary Education (Elementary School) | School name |  | | | |
| Location |  | | | |
| Year & Month of entrance & graduation | From / to /  (yyyy / mm)　　 (yyyy / mm) | | Period of schooling attended | yrs |
| Remarks |  | | | |
| Lower Secondary Education(Middle School/Junior High School) | School name |  | | | |
| Location |  | | | |
| Year & Month of entrance & graduation | From / to /  (yyyy / mm)　　 (yyyy / mm) | | Period of schooling attended | yrs |
| Remarks |  | | | |
| Upper Secondary Education ((Senior) High School) | School name |  | | | |
| Location |  | | | |
| Year & Month of entrance & graduation | From / to /  (yyyy / mm)　　 (yyyy / mm) | | Period of schooling attended | yrs |
| Remarks |  | | | |
| Tertiary (Higher) Education (Undergraduate) | School name |  | | | |
| Location |  | | | |
| Year & Month of entrance & graduation | From / to /  (yyyy / mm)　　 (yyyy / mm) | | Period of schooling attended | yrs |
| Remarks |  | | | |
| Tertiary (Higher) Education (Graduate) | School name |  | | | |
| Location |  | | | |
| Year & Month of entrance & graduation | From / to /  (yyyy / mm)　　 (yyyy / mm) | | Period of schooling attended | yrs |
| Remarks |  | | | |
| Tertiary (Higher) Education (Graduate) | School name |  | | | |
| Location |  | | | |
| Year & Month of entrance & graduation | From / to /  (yyyy / mm)　　 (yyyy / mm) | | Period of schooling attended | yrs |
| Remarks |  | | | |
| Total years of schooling attended as of April 1, 2024 | | | yrs | | |
| Do you have a medical license? | | | □Yes　　　　 　 □No  （Issue date : 　　　　　　　　　　）  （Country : 　　　　 　　　　 ） | | |

\* If you have experiences of studying outside of your home country, fill in the following columns.

|  |  |  |
| --- | --- | --- |
| Period | Name of School / Institution | Finance |
| From To  / /  (yyyy / mm)　　 (yyyy / mm) | (Country: ) | □ Private  □ Sponsored  (by ) |
| From To  / /  (yyyy / mm)　　 (yyyy / mm) | (Country: ) | □ Private  □ Sponsored  (by ) |

**2. Employment Record**

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Address of Organization | Period of Employment | Title / Position | Type of Work |
|  | (yyyy / mm)  From　　 　 /  To / |  |  |
|  | (yyyy / mm)  From　　 　 /  To / |  |  |
|  | (yyyy / mm)  From　　 　 /  To / |  |  |

**3. Thesis**

|  |  |
| --- | --- |
| Have you ever written a thesis? | □　Yes 　　　　　□　No |
| State the titles of subjects of books and papers (including graduation thesis) authored by applicant, if any, with the name, address of publisher and the date of publication. | |
|  | |

**4. Research Program**

|  |  |
| --- | --- |
| Desired Department to Enroll in |  |
| Research Subject |  |
| **Please describe your study program within the 1000 words limit.** | |

**5. Letter of Recommendation (from the authorized representative of the institution the applicant belongs to)**

|  |  |
| --- | --- |
| Name of Recommender |  |
| Position of  Recommender |  |
| **Recommendation** | |

**6. Language ability**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Reading | | | | Writing | | | Speaking | | | Listening | | |
| Japanese |  | | | |  | | |  | | |  | | |
| English |  | | | |  | | |  | | |  | | |
| Others (　 　 ) |  | | | |  | | |  | | |  | | |
| \* Self-rate on a scale of 3 to 0. | | | 3 = Excellent　 　　2 = Good　 　　1 = Fair　　 　　0 = Poor | | | | | | | | | | |
| Japanese language qualifications | JLPT | Level | |  | | Total Score |  | | Other |  | | Score |  |
| English language qualifications | TOEFL | iBT | |  | | IELTS |  | | Other |  | | Score |  |
| Other type  ( ) | |  | |

**7. Accompanying Dependents**

\* Provide the following information if you plan to bring any family members to Japan.

|  |  |  |  |
| --- | --- | --- | --- |
| \* All expenses incurred by the presence of dependents must be borne by the grantee. Applicants are advised to take into consideration the various difficulties in finding accommodation and its expenses. Therefore, those who want to accompany their families are well advised to come alone first and let them come after suitable accommodation has been found. | | | |
| Name | Relationship | Age | Nationality |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**８．Biwako Career Development Program for International Medical Students**

|  |  |
| --- | --- |
| Do you want to participate in “Biwako Career Development Program for International Medical Students”?  \*Please confirm the details of this program at the SUMS Scholarship Guidelines for 2023. | □　Yes 　　　　　□　No |

|  |  |  |  |
| --- | --- | --- | --- |
| I understand and accept all the conditions stated in the Application Guidelines for Shiga University of Medical Science (SUMS) Scholarship for 2023 and upon confirmation of my qualifications for application as stated above, I hereby apply for this scholarship. | | | |
| Applicant's signature |  | Date of application | 年　　　　月　　　　日  year / month / day |