

APPLICATION FOR JAPANESE GOVERNMENT (MEXT) SCHOLARSHIP

日本政府（文部科学省）奨学金留学生申請書

Young Leaders' Program Student for 2021 (School of Local Governance)  
 ヤング・リーダーズ・プログラム留学生（地方行政コース）

INSTRUCTIONS (記入上の注意)

1. The application must be typewritten if possible, or neatly handwritten in block letters. (明瞭に記入すること。)
2. Numbers should be in Arabic figures. (数字は算用数字を用いること。)
3. Year should be written in the Anno Domini system. (年号はすべて西暦とすること。)
4. Proper nouns should be written in full, and not be abbreviated. (固有名詞はすべて正式な名称とし、一切省略しないこと。)  
 \*Personal data entered in this application will only be used for scholarship selection purposes, and contact information such as e-mail addresses will only be used for forming related human networks after the student returns home and for sending of information by the Japanese Government.  
 (本申請書に記載された個人情報については、本奨学金の選考のために使用するほかは、特にE-mail アドレス等の連絡先については、帰国後における関係者のネットワークを作ること、及び必要に応じ日本政府より各種情報を送信する以外には使用しない。)
5. Please complete each section as fully and accurately as possible. Please respond to all questions. The information you provide is essential in reviewing your application. Please note that if you provide any false or misleading statement or incomplete or inaccurate information in your application, your application may not be screened, you may be denied admission or, if you have been admitted, you may be dismissed from GRIPS. (提出書類の記載事項が事実と相違していることが判明した場合には、入学後であっても入学を取り消すことがある。)

1. Name in Full in Your Native Language (Sex)  
 (姓名 (自国語)) (Family Name/Surname), (First Name) (Middle Name)  
 Male (男)  
 Female (女)

In Roman Block Capital Letters (as written in your passport) (Marital Status)  
 (ローマ字、パスポート表記がある場合は、それに合わせること) (Family Name/Surname), (First Name) (Middle Name)  
 Single (未婚)  
 Married (既婚)

2. Nationality (国籍) 2-2. Possession of Japanese Nationality (日本国籍を有する者)  
 Yes, I have. (はい)  
 No, I don't have. (いいえ)

3. Date of Birth (生年月日)  
 19 \_\_\_\_\_  
 Year (年) Month (月) Day (日) Age (年齢) : as of October 1, 2021  
 (2021年10月1日現在の年齢)

Photograph  
 Taken within the last 6 months, providing a clear, front view of your entire face.  
 Write your name and nationality in block letters on the back of the photo.  
 (写真 (5 × 4 cm))

4. Present Employer (現職)  
 Present Position (役職名) Department/Section (部署) Employer (勤務先)  
 \_\_\_\_\_  
 Address (住所) Postal Code (郵便番号)  
 \_\_\_\_\_  
 TEL (電話番号) FAX (ファックス番号) E-mail (Eメールアドレス)  
 \_\_\_\_\_

5. Residential Address (現住所)

Address (住所)

Postal Code (郵便番号)

↳ If the above present home address will be changed at the time of leaving from your country, please specify the changed address below. (渡日時の住所が上記現住所から変更になることが確定している場合は、下記に記入すること。)

TEL (電話番号)

FAX (ファックス番号)

E-mail (Eメールアドレス)

\* If possible, write an E-mail address where you can be contacted for periods that include the time before you come to Japan, your stay in Japan and the period after you return home.

(可能な限り、渡日前～日本留学中～帰国後にわたり使い続けることが予想されるEメールアドレスを記入すること。)

6. Field of Study Specialized in the Past (Be as detailed and concrete as possible.)

(過去に専攻した専門分野 (できるだけ具体的に詳細に書くこと。))

7. Education History (学歴)

		Full Name of Institution & Location (学校名及び所在地)	Year and Month of Enrollment (入学年月)	Year and Month of Graduation (卒業年月)	Duration of Schooling (修学年数)	Diploma or Degree Awarded, Major Subject, Skipped Years and Levels (学位・資格、専攻科目、飛び級の状況)
Primary Education (初等教育)	Elementary School (小学校)	Name (学校名)  Location: City & Country (所在地: 都市、国)			years (年) and months (月)	
	Lower Secondary Education (Middle School/Junior High School) (中学校)	Name (学校名)  Location: City & Country (所在地: 都市、国)			years (年) and months (月)	
Secondary Education (中等教育)	Upper Secondary Education (Senior High School) (高校)	Name (学校名)  Location: City & Country (所在地: 都市、国)			years (年) and months (月)	*-1
	Undergraduate (Bachelor's) (大学)	Name (学校名)  Location: City & Country (所在地: 都市、国)			years (年) and months (月)	
Tertiary Education (高等教育)	Graduate (Master's/Doctoral) (大学院)	Name (学校名)  Location: City & Country (所在地: 都市、国)			years (年) and months (月)	
	Total Number of Years and Months of Education (以上を通算した全学校教育修学年数) As of October 1, 2021 (2021年10月1日現在)					_____ Years and _____ months (年) (月)

\*If the blank spaces above are not sufficient for information required, please attach a separate sheet. In such case, please stipulate that the information is on a separate page.

((注) 上欄に書ききれない場合には、適当な別紙に記入して添付すること。その場合は、別紙に記入する旨を上記学歴欄に明記すること。)

- Notes: 1. Exclude kindergarten and nursery school education. (幼稚園・保育所教育は含まれない。)
2. Preparatory education for university admission should be included in upper secondary school. (いわゆる「大学予備教育」は中等教育に含まれる。)
3. If you have passed a high school equivalency examination (and did not graduate from high school), indicate as such in the fifth column (Diploma or Degree Awarded, Major Subject, Skipped Years and Levels) with \*-1. (高等学校卒業程度資格を有している場合には、その旨を\*-1欄に記入すること。)
4. Any school years or levels skipped should be indicated in the fifth column (Diploma or Degree Awarded, Major Subject, Skipped Years and Levels). (Example: Skipped senior year for early graduation)  
(いわゆる「飛び級」をしている場合には、その旨を該当する教育課程の「学位・資格、専攻科目、飛び級の状況」欄に記載すること。  
(例：3年次を飛び級により短期卒業))
5. If you attended multiple schools at the same level of education due to moving house or readmission to university, write the names of the schools in the same column. (住居の移転や大学の再入学等を理由に、同教育課程で複数の学校に在籍していた場合は、同じ欄に複数の学校の在籍を記載すること。)
6. Calculate and write the total number of years and months of education you will have completed at the time of your enrolment at GRIPS, based on your total time as a student (as detailed above, including extended leave such as summer vacation). (修学年数合計は在籍期間を算出し、記入すること。(長期休暇も含める))
8. Employment Record (List your current and previous employment (up to three positions) **in reverse chronological order**, starting with your most recent position.)  
(職歴：過去の役職から現職も含めて3つ記入すること)

**\*\*\*At least 3 years of full-time work experience in public administration is required.\*\*\***

(行政機関等において、常勤職員として3年以上の実務経験が必須)

Name and Location of Organization (勤務先及び所在地)	Department/Section (部署名)	Position (役職名)	Job Description (職務内容)	Period of Employment (勤務期間)
Present occupation: To be shown in the former page (現職：前のページに表記済)				From  To Present
				From  To
				From  To

\*If the blank spaces above are not sufficient for information required, please attach a separate sheet.

((注) 上欄に書ききれない場合には、適当な別紙に記入して添付すること。)

9. Extracurricular and Regional Activities (課外活動又は地域社会での活動)

Extracurricular and Regional Activities (課外活動又は地域社会での活動)	Period (期間)

10. English Proficiency (英語能力)

Score of TOEFL iBT (TOEFL のスコア) \_\_\_\_\_ or \_\_\_\_\_ Score of IELTS Academic (IELTS のスコア) \_\_\_\_\_ Date of the Test (受験日) \_\_\_\_\_  
 Year (年) Month (月) Day (日)

11. Accompanying Dependents : Provide the following information if you plan to bring any family members to Japan.  
 (同伴家族欄 (日本に同伴する予定の家族がいる場合に記入すること。))

\* All expenses incurred by the presence of dependents must be borne by the grantee.

(注) なお同伴者に必要な経費はすべて自己負担である。

Name (氏名)	Relationship (続柄)	Age (年齢)

12. Person to be notified in applicant's home country, in case of emergency:

(緊急の際の母国連絡先)

i) Name in Full

(氏名) \_\_\_\_\_

ii) Address

(住所) \_\_\_\_\_

Phone

Fax

E-mail

\_\_\_\_\_

iii) Occupation

(職業) \_\_\_\_\_

iv) Relationship

(本人との関係) \_\_\_\_\_

I understand and accept all the matters stated in the Application Guidelines for Japanese Government (MEXT) Scholarship for 2021, and hereby apply for this scholarship.

(私は 2021 年度日本政府 (文部科学省) 奨学金留学生募集要項に記載されている事項をすべて了解して申請します。)

Date of Application

(申請年月日) \_\_\_\_\_

Applicant's Signature

(申請者署名) \_\_\_\_\_

Applicant's Name

(in Roman Block Capitals)

(申請者氏名) \_\_\_\_\_

# 健康診断書

## CERTIFICATE OF HEALTH (to be completed by the examining physician)

日本語又は英語により明瞭に記載すること。

Please fill out (PRINT/TYPER) in Japanese or English. Do not leave any items blank.

氏名 Name: \_\_\_\_\_  
 Family name, First name Middle name

男 Male 女 Female

生年月日 Date of Birth: \_\_\_\_\_

年齢 Age: \_\_\_\_\_

### 1. 身体検査 Physical Examinations

(1) 身長 Height \_\_\_\_\_ cm 体重 Weight \_\_\_\_\_ kg

(2) 血圧 Blood pressure \_\_\_\_\_ mm/Hg ~ \_\_\_\_\_ mm/Hg

血液型 Blood Type

A B O	RH	+
		-

脈拍数 Pulse Rate \_\_\_\_\_/min

整 regular 不整 irregular

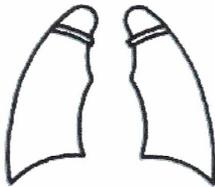
(3) 視力 Eyesight: (R) \_\_\_\_\_ (L) \_\_\_\_\_

裸眼 without glasses 矯正 with glasses or contact lenses

(4) 聴力 Hearing: 正常 normal 低下 impaired

言語 speech: 正常 normal 異常 impaired

2. 申請者の胸部について、聴診とX線検査の結果を記入してください。X線検査の日付も記入すること (6ヶ月以上前の検査は無効。)  
 Please describe the results of physical and X-ray examinations of applicant's chest x-ray (X-ray taken more than 6 months prior to the certification is NOT valid).



肺 lung: 正常 normal 異常 impaired

Date \_\_\_\_\_  
 Film No. \_\_\_\_\_

心臓 Cardiomegaly: 正常 normal 異常 impaired

Describe the condition of applicant's lung.

心電図 Electrocardiograph  
正常 normal 異常 impaired

3. 現在治療中の病気 Disease & Treatment at Present Yes (Disease: \_\_\_\_\_ Medicine: \_\_\_\_\_) No

4. 既往症 Past history: Please indicate with + or - and fill in the date of recovery.

Tuberculosis..... ( . . . ) Malaria..... ( . . . ) Measles..... ( . . . )  
 Epilepsy..... ( . . . ) Kidney disease..... ( . . . ) Heart diseases..... ( . . . )  
 Diabetes..... ( . . . ) Drug allergy..... ( . . . ) Psychosis..... ( . . . )  
 Functional disorder in extremities..... ( . . . ) Others..... ( . . . )  
 Rheumatic fever..... ( . . . ) Hepatitis..... (Type: A, B, C, D, E) ( . . . )

5. ワクチン接種歴 Vaccination history

MMRV (Measles, Mumps, Rubella, Zoster)..... Time(s) ( ) Mumps..... Time(s) ( ) Hepatitis B..... Time(s) ( )  
 MMR (Measles, Mumps, Rubella)..... Time(s) ( ) Chicken pox..... Time(s) ( ) Meningitis..... Time(s) ( )  
 MR (Measles, Rubella)..... Time(s) ( ) Polio..... Time(s) ( )  
 M (Measles)..... Time(s) ( ) Diphtheria Pertussis Tetanus combined..... Time(s) ( )

6. 検査 Laboratory tests

検尿 Urinalysis: glucose ( ), protein ( ), occult blood ( ) ・ 検便 Feces: Parasite(egg of parasite)(+, -)  
 赤沈 ESR: \_\_\_\_\_ mm/Hr, WBC count: \_\_\_\_\_ x10<sup>3</sup>/μl, Hemoglobin: \_\_\_\_\_ g/dl, ALT: \_\_\_\_\_ u/l  
 Pregnancy test ( ) if you are female

7. 診断医の印象を述べて下さい。 Please describe your impression.

8. 志願者の既往歴、診察・検査の結果から判断して、現在の健康の状況は十分に留学に耐えうるものと思われますか?  
 In view of the applicant's history and the above findings, is it your observation his/her health status is adequate to pursue studies in Japan? yes  no

日付 Date: \_\_\_\_\_ 署名 Signature: \_\_\_\_\_

医師氏名 Physician's Name in Print: \_\_\_\_\_

検査施設名 Office/Institution: \_\_\_\_\_

所在地 Address: \_\_\_\_\_

# Recommendation Form

To the Applicant

Please complete only the top portion of this form. Your recommender should complete the rest of the form.

Your Name (Family)	(Given)	(Middle)

To the Recommender

The person whose name appears above is applying for admission to the Young Leaders' Program.

Please provide your recommendation on your own letterhead or stationery. The Admissions Committee values the recommender's direct contact with the candidate. In your letter, please answer the following questions as candidly and specifically as possible:

Please return this form and your recommendation to the applicant in a sealed envelope, with your signature across the seal. The applicant will submit the sealed, signed envelope to us as part of the completed application package.

The Admissions Committee is aware of the time and care necessary to prepare this form. We gratefully acknowledge your help.

1. How long and in what capacity have you known the applicant?

2. How often have you observed the applicant? (Please tick one box)

- every day       3 or 4 times a week       1 or 2 times a week       1 or 2 times a month  
 less than once a month





9. Please write if you have any comment.

Please provide telephone numbers should the Admissions Committee feel a need to contact you regarding the reference.

Business Telephone Number \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Recommender's Signature \_\_\_\_\_

Recommender's Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

Position or Title \_\_\_\_\_ Organization \_\_\_\_\_

Business Address \_\_\_\_\_

Home Address \_\_\_\_\_

## **Essay Questions**

The following essay questions will provide us with more information about you and your reasons for applying to the Young Leaders' Program.

Your essays must be typed. Please use A4-size paper or 8 1/2"×11" paper. Limit your responses to the maximum number of words designated for each question. Use standard double-spaced lines. Your name should appear at the top of each separate sheet of paper. The number of the essay question should precede every essay. Staple the essays together and submit them with the other application materials.

1. What are your most significant accomplishments, activities, and life experiences to date?<sup>2</sup> Please emphasize the events which highlight your unique abilities and personality. (maximum 500 words)
2. What is your leadership philosophy? Describe key individuals and/or experiences that shaped your philosophy. (maximum 500 words)

### **Supplemental Question**

3. How did you become interested in the Young Leaders' Program? Please list specific information sources such as publications, alumni, faculty, and websites. (maximum 200 words)

**GUIDELINES FOR JAPANESE GOVERNMENT (MEXT) SCHOLARSHIP FOR 2021  
YOUNG LEADERS' PROGRAM (YLP) STUDENTS**

**YEAR-LONG SCHEDULE (PRELIMINARY)**

SCHEDULE	
2020 Early October By Late December	Applications for YLP open. Qualified Institutions recommend candidates to the Embassy of Japan with necessary documents.
2021 From Late February	The Japanese universities conduct first screening.
April	The YLP Committee in MEXT conducts second screening.
May	MEXT notifies the results through the Embassy to the institutions.
August-September	MEXT provides airline tickets to the grantees through the Embassy.
September-October	Students arrive in Japan.

\*Note: This schedule is preliminary. Detailed schedules will be announced separately through the Embassy of Japan in your country.