



Candidate Application

여권사진 또는 명함판 사진으로
 3개월 이내의 컬러사진
 배경없는 사진 / 셀카는 안됨
 넓이 600픽셀, 높이 800픽셀 이상의
 고해상도 사진으로 준비
 디지털사진 700kb alc 5MπB이하
 가급적 교복 착용,
 턱수염, 문신, 피어싱 금지
ATTACH YOUR PHOTO HERE

About You

(NAME AS LISTED ON PASSPORT)

_____		_____		_____	
First Name		Middle Name		Last Name	
_____		Gender <input type="checkbox"/> F <input type="checkbox"/> M		_____	
Preferred Name (if any)		Birth Date: day / month (spell word) / year			
_____		_____			
Citizenship		Country of Legal Residency			

Contact Information

Home Street Address			

_____	_____	_____	_____
City	State	Zip Code	Country

_____	_____	_____	_____
Preferred Phone Number	Home Phone Number	Mobile Phone Number	Email Address

Religious Affiliation

What is your religion, if any? _____

Bearing in mind that your host family or school is likely to have different religious affiliation, do you need to ask your host family (dormitory) and school to prepare for your pray place and time?

Required Not Necessary

About Your Family

Guardian 1 Mother Father Other (describe) You live with this Parent/Guardian

_____	_____	_____
First Name	Last Name	E-mail Address
_____	_____	_____
Work Phone Number	Mobile Phone Number	Occupation
_____	_____	_____
		Birth Date

Home Address (Street, City, State, Country)

Send a copy of all information to this parent/guardian Email Address

Guardian 2 Mother Father Other (describe) You live with this Parent/Guardian

_____	_____	_____
First Name	Last Name	E-mail Address
_____	_____	_____
Work Phone Number	Mobile Phone Number	Occupation
_____	_____	_____
		Birth Date

Home Address (Street, City, State, Country)

Send a copy of all information to this parent/guardian Email Address

Sibling Full Name relationship Brother Sister Other Live at home Yes No

_____	_____	_____
First name	Last Name	Birth Date

Sibling Full Name relationship Brother Sister Other Live at home Yes No

_____	_____	_____
First name	Last Name	Birth Date

Sibling Full Name relationship Brother Sister Other Live at home Yes No

_____	_____	_____
First name	Last Name	Birth Date

Sibling Full Name relationship Brother Sister Other Live at home Yes No

_____	_____	_____
First name	Last Name	Birth Date

Emergency Contact

(In case your parents cannot be reached, please tell us a legally adult relative whom we can contact.)

(_____ , _____ .)

Name

Relationship

Phone Number (home/work/mobile)

Health & Lifestyle

Health Restrictions

Do you have physical restrictions, impairments or allergies that will limit placement options or participation in everyday activities?

No Yes (describe) _____



If you suffer from allergic symptoms, please rate the severity of the symptom on a scale of 1–5 with 5 as the most severe symptom

Level 1 2 3 4 5

If you suffer from severe allergic symptoms, can you alleviate your symptoms by yourself?

Yes No

Pets

Please check the appropriate boxes if you **CANNOT** be with:

CATS indoors in my room outdoors due toallergy fear religion others
 DOGS indoors in my room outdoors due toallergy fear religion others
 OTHERS indoors in my room outdoors (describe) _____

Smoking

Would it be fine with you to live with a smoking family? Yes No

Do you smoke? Yes No Quit smoking (Did you fill out the non-smoking declaration form? Yes)

Food

Do you have any foods that you do not eat?

No Yes



If yes, for what reasons? religious reasons medical reasons your own preferences
others (describe) _____

Please describe the food items that you do not eat.

Please note that halal meat may not be readily available in local supermarkets and butchers in Japan.

Educational Background

Languages

What is your primary language? _____

Other languages:

Language	Years studied	Speaking ability			
	_____ years	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
	_____ years	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
	_____ years	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
	_____ years	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent

ESSAY

Note: Make sure the text is easily readable. Set your text at 11 point or bigger when you type. Write the essay topic 4 by hand. Do not write outside the box.

1. Tell us about yourself.

For example: introduce yourself, describe your family (how you spend your free time with your family, your responsibilities), your school life (favorite subjects, responsibilities, extra-curricular activities), your interests and hobbies, organization memberships, volunteer initiatives. (80–150 words)

가 (가 가 ,),
(80-150) , ,) , .

2. Tell us about your goals and plans that are important to you and why you think you should be chosen for the Asia Kakehashi scholarship. (50–70 words)

가 . (50 -70)

Photo Album

Candidate Name

Country

To help you introduce yourself to a host family or dorm staff members, place the photographs on this page showing you with your family, relatives, and friends. Write a short phrase to describe each photo.

(You may add one more page. The photo album should be maximum two pages in total.)

~~선명한 이미지의 컬러사진으로~~

~~6장 이내로 제한,~~

~~지난 3년간의 사진을 사용,~~

~~앨범에 1) 본인을 포함한 가족사진 2) 학교 부(클럽) 활동 사진, 자원봉사 사진~~

~~3) 거주지 지역을 잘 소개하는 사진~~

~~사진에 대한 간단한 설명을 기입할 것~~

6

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1)

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2)

()

3))

Parents' Statement

Candidate Name

Country

Please provide a brief statement about your son/daughter covering his/her:

- (1) Relationship with you and your family.
- (2) Relationship with others.
- (3) Reaction to disagreement and discipline.
- (4) How your child handles challenging or difficult situations.
- (5) Reactions to being away from home in the past. Please also write any dietary, physical or health limitations which should be considered in placing your son/daughter in a new environment.

Please type and attach your response to this form, or write legibly in black ink.

Parent/Legal Guardian's Signature

Date

Parent/Legal Guardian's Name (print)

Parental Authorization Form for Asia Kakehashi Project

CANDIDATE NAME _____		COUNTRY _____	
CONSENT			
<p>The candidate application is incorporated herein by reference and this consent form exclusively applies to the candidate application. I understand that my privacy is very important to AFS Intercultural Programs, Japan (hereafter AFS) and that prior to participating in the inquiry application process in which any of my personal or sensitive information (“personal data”) may be collected, AFS would like to inform me about its data protection and privacy policies and obtain my permission. I understand and accept that AFS may process the personal and sensitive information that I have provided here, and may transmit such data to third parties for any purpose reasonably required for the proper organization and fulfillment of the AFS inquiry application process and the AFS program. I understand that the data will not be sold or otherwise transferred to third parties for purpose. AFS will transfer and store personal data in central databases in Japan and overseas the data is not lost. Those databases have a restrictive access and can only be accessed by AFS employees or volunteers, both of which will use the information exclusively for the management of Asia Kakehashi Project operations. By signing below, you explicitly acknowledge that AFS Intercultural Programs, Japan (and the sending organizations) are entitled to process the personal data being provided by me (including all sensitive personal data being provided) in the manner described above. You also acknowledge and confirm that all provided personal data is accurate and complete.</p>			
PERMISSION TO USE PHOTOGRAPHS AND VIDEO FOOTAGE			
<p>We agree for photographs, recordings, film and video footage (the “images”) of our child that are taken during or in connection with program participation to be used by AFS in promotional AFS materials. Promotional materials may include for example brochures, press releases, social media campaigns, etc. By checking the below boxes we grant to AFS the right to use, publish and / or reproduce the images of our child in promotional materials, and use her/his name in connection with the images.</p> <p><input type="checkbox"/> Agree (Please check if you agree)</p>			
AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT AND FOR RELEASE OF MEDICAL INFORMATION			
<p>Should any medical emergency arise, if time permits, AFS will communicate with us through the responsible office in the home country and request permission for surgery or other necessary treatment; however, if in the sole judgment of AFS, time and circumstances do not permit communication with us, we authorize AFS to consent to medical treatment, the administration of x-ray examination, anesthetics, blood transfusion, medical or surgical diagnosis or treatment and hospital care and to make medical evacuation arrangements and transport, if required, which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon. We are aware that some local government or school authorities may require certain vaccinations in order for our child to participate in school or community responsibilities. We understand that we are responsible for any costs related to these requirements. We hereby also authorize AFS, and/or its duly authorized medical consultant, to obtain all medical records relating to examinations or treatments for our son/daughter while on the program and any other information concerning such examinations or treatments.</p>			
PERMISSION FOR SCHOOL SPONSORED ACTIVITIES			
<p>We authorize the AFS host parents for my son/daughter during his/her participation in the Asia Kakehahi program to execute any authorization required by our son/daughter’s school for our son/daughter to participate in any school sponsored activities, events or programs.</p>			
SCHOOL COMMITMENT			
<p>The candidate fully understands that the Asia Kakehashi program is school-based and family-oriented (or dormitory-oriented). The candidate intends to participate fully in school activities and to complete all assignments and schoolwork while on exchange. We understand that school is compulsory. If the candidate should neglect the above, AFS and/or the host school has the right to deny his/her participation in classes and s/he may be sent home.</p>			
AGREED AND ACCEPTED BY			
CANDIDATE NAME _____		SIGNATURE _____	
PARENT/GUARDIAN 1 NAME* _____		SIGNATURE _____	
PARENT/GUARDIAN 2 NAME* _____		SIGNATURE _____	
DATE _____		PLACE _____	
<i>Parent/Guardian signature is required for all secondary school programs and candidates not of legal age in the country of residence.</i>			

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Certificate of Health (健康診断書)

(to be completed by the examining physician)

in Japanese or English. The physician should NOT be related to the candidate. Please check the appropriate box. 日本語又は英語により明瞭に記載すること。医師は候補者と無関係であること。

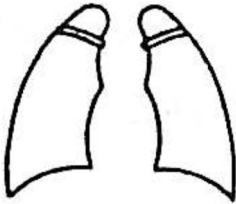
Name: _____ Male (男) 生年月日 _____ 年齢 _____
 Female (女) Date of Birth _____ Age _____
 氏名 Family name Given name Middle name

1. Physical Examinations (身体検査)

- (1) Height(身長) _____ cm Weight(体重) _____ kg
- (2) Blood pressure (血圧) _____ mm/Hg ~ _____ mm/Hg Blood Type (血液型)
- | | | |
|---|----|-----|
| A | B | RH |
| O | AB | + - |
- Pulse (脈拍) regular (整) irregular (不整)
- (3) Eyesight without glasses (視力 裸眼): (Right) _____ (Left) _____
 Eyesight with glasses or contact lenses (視力 矯正): (Right) _____ (Left) _____
 Color blindness (色覚異常の有無) normal (正常) impaired (異常)

2. Physical and X-ray examinations of the chest (within six months)

応募者の胸部について、聴診とX線検査の結果を記入してください。6ヶ月以上前の検査は無効。



Describe the condition of candidate's lungs: _____

Date of X-ray (X線検査の日付): _____
 Lungs (肺): normal (正常) impaired (異常)
 Cardiomegaly (心臓): normal (正常) impaired (異常)

If any impaired apply (異常がある場合)
 Electrocardiograph (心電図): normal (正常) impaired (異常)

3. Disease Treated at present (現在治療中の病気) Yes (Disease: _____)
 No

4. Past illness/disorder (既往症) Has the candidate had any of the diseases/conditions listed below? Please check the appropriate box and write the date of recovery or "under treatment" in the bracket. If NOT contracted any of them in the past, please check "None".

- None
- Tuberculosis () Malaria () Other communicable disease ()
 Epilepsy () Kidney Disease () Heart Diseases ()
 Diabetes () Drug Allergy () Psychosis ()
 Functional Disorder in extremities () Hepatitis ()
 Coughs (persistent, recurring) () Asthma ()
 Headaches (persistent, recurring) () Others (Please specify:) ()

5. Laboratory tests (検査)

Urinalysis(検尿): glucose(糖) () protein(蛋白) () occult blood(潜血) ()
 Anemia test(貧血) ESR(赤沈): _____ mm/Hr, WBC count(白血球数): _____ /cmm Hemoglobin(血色素量): _____ gm/dl
 LFT(肝機能検査) GPT (ALT) _____ IU/L GOT (AST) _____ IU/L γ -GTP _____ IU/L

6. Has the candidate previously been hospitalized? If yes, describe the reason. (入院歴: ある場合は原因を書いてください。)

Yes (Describe: _____)
 No

7. If the answer to any questions below is yes, a FULL report by the specialist and a statement by the candidate about the illness or specific problem must be attached in a sealed envelope. 以下のいずれかの質問に「はい」の場合には、専門医(専門家)の詳細な報告書と候補者本人の書いた病気や特定の症状についての説明を厳封の上添付してください。

(1) Will the candidate require any ongoing medication, injections or treatment for any particular condition during the program? プログラム参加中になんらかの病気や障害に対して、投薬や注射などの治療を必要としますか。 Yes No

- (2) Has the candidate EVER consulted a neurologist, psychologist or any other specialist for a nervous, emotional or eating disorder? 今までに一度でも精神、情緒、あるいは食生活の問題で精神科医、心療内科医、臨床心理士、その他の専門家に相談したことがありますか。 Yes No
- (3) Is there a history of, or present evidence of, an emotional, nervous or eating disorder? 情緒障害、精神障害、摂食障害の既往歴がありますか。またその兆候が現在ありますか。 Yes No
- (4) Are there any health limitations or restrictions for the candidate's activities and/or sports participation or any medical information which should be considered for a home/school placement? 活動やスポーツに参加するにあたり、家庭、学校が配慮すべき医療上の制約事項はありますか。 Yes No
- (5) Do you have any comments on other illness or specific problems of the candidate? その他、病気や特定の病気について伝えるべきことがありますか。 Yes No

8. **Dental care:** What was the date of the candidate's last dental check-up? 最後の歯科検診日 Date _____
 Does the candidate wear dental braces? 歯の矯正器具を使用していますか。 Yes No
 If yes, will orthodontic care be needed while on the program? はいの場合、プログラム中にケアが必要になりますか。 Yes No

9. **Immunization:** If the applicant has had the following immunization, please write the month and year.
 今までに受けた予防接種の接種年月を記入してください。

		Yes	No	Month/Year	Month/Year
Measles	はしか	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Mumps	おたふくかぜ	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Rubella	風疹	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Diphtheria	ジフテリア	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Pertussis	百日咳	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Tetanus	破傷風	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Poliomyelitis	ポリオ	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
BCG	BCG	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Hepatitis B	B 型肝炎	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other	その他	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Please specify ()			_____	_____

10. **Physician's impression of the applicant's health** 医師が感じる印象を述べて下さい。

11. **In view of the candidate's history and the above findings, is it your observation that his/her health status is adequate to pursue studies in Japan?** Yes No
 候補者の既往症、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。

Physician's Name in Print (医師氏名): _____

Date (日付): _____ Signature (署名): _____

Office/Institution (検査施設名): _____

Address (所在地): _____

To Student and Sending Parents:

Your signature below attests that you understand and accept that providing the physician with correct, complete, and true statements is the responsibility of the candidate and that incomplete, incorrect, and false information may result in delay, rejection, or early return to the home country. 正直に正確に漏れなく医師に伝えるのは候補者の責任である。

 Signature of candidate date Signature of sending parent/guardian 1, date Signature of sending parent/guardian 2, date

Academic Record / Transcript of Grades 1

Authorized School Stamp

THIS FORM SHOULD BE COMPLETED BY A SCHOOL OFFICIAL

Student Name: _____

1 SCHOOL INFORMATION

School Name: _____

Address: _____

Telephone: _____

Email: _____

Name of Principal: _____

Name of Exchange Program Coordinator: _____

This school may be best described as the following (check all that apply):

Public Private University preparatory Vocational Others (Please describe)

2 STUDENT STATUS

Student's current year in school: _____

Rank in class or other grouping: No. () out of () <example No.(3) out of (35 students)>

If your school does not rank students numerically, indicate the student's standing in relation to others in the class:

Top quartile 2nd quartile 3rd quartile Final quartile

3 HISTORY OF SCHOOLINGS

	Name of school	Year started	Year finished	Number of years studied
a. Primary school				Years
b. Lower secondary school				Years
c. Secondary school				Years
d. Month and year of graduation from secondary school: month () Year (20__)				

4 LANGUAGE PROFICIENCY

Foreign Language: _____

Proficiency (P = Poor, F = Fair, G = Good, E = Excellent)

	P	F	G	E	Other language ()	P	F	G	E
English									
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Understanding conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5 STUDENT ADVANCEMENT/ATTENDANCE

Has the student missed or repeated a year or semester? Yes No

If yes, indicate year/semester and give the reason:

Is there a history of frequent absences (two or more a month)? Yes No

If yes, attach an explanation.

Academic Record / Transcript of Grades 2

THIS FORM SHOULD BE COMPLETED BY A SCHOOL OFFICIAL. Note: Please ensure that courses and grades from current and two previous years are included. If current grades are not available, please list current courses. Please write the course names in ENGLISH.

Student Name: _____

School Name: _____

ACADEMIC YEAR COURSES FOR THIS YEAR	RAW SCORE	ACADEMIC YEAR COURSES FOR THIS YEAR	RAW SCORE
(Example: Chemistry)	(Example: 90)		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ACADEMIC YEAR COURSES FOR LAST YEAR	FINAL GRADE	ACADEMIC YEAR COURSES FOR 2 YEARS AGO	FINAL GRADE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EXPLANATION OF GRADING SYSTEM
 Outstanding = () Very Good = () Good = () Average/fair = () Poor = () Failing = ()

STUDENT'S PERSONALITY

Please comment on the student's personality and motivation toward school work:

1

()

How long have you known the student? _____ () Years / Months

Writer's signature and title _____ Date _____

Passport Information



The name you use in the application needs to be **the exact same as in your passport.**

Name on passport

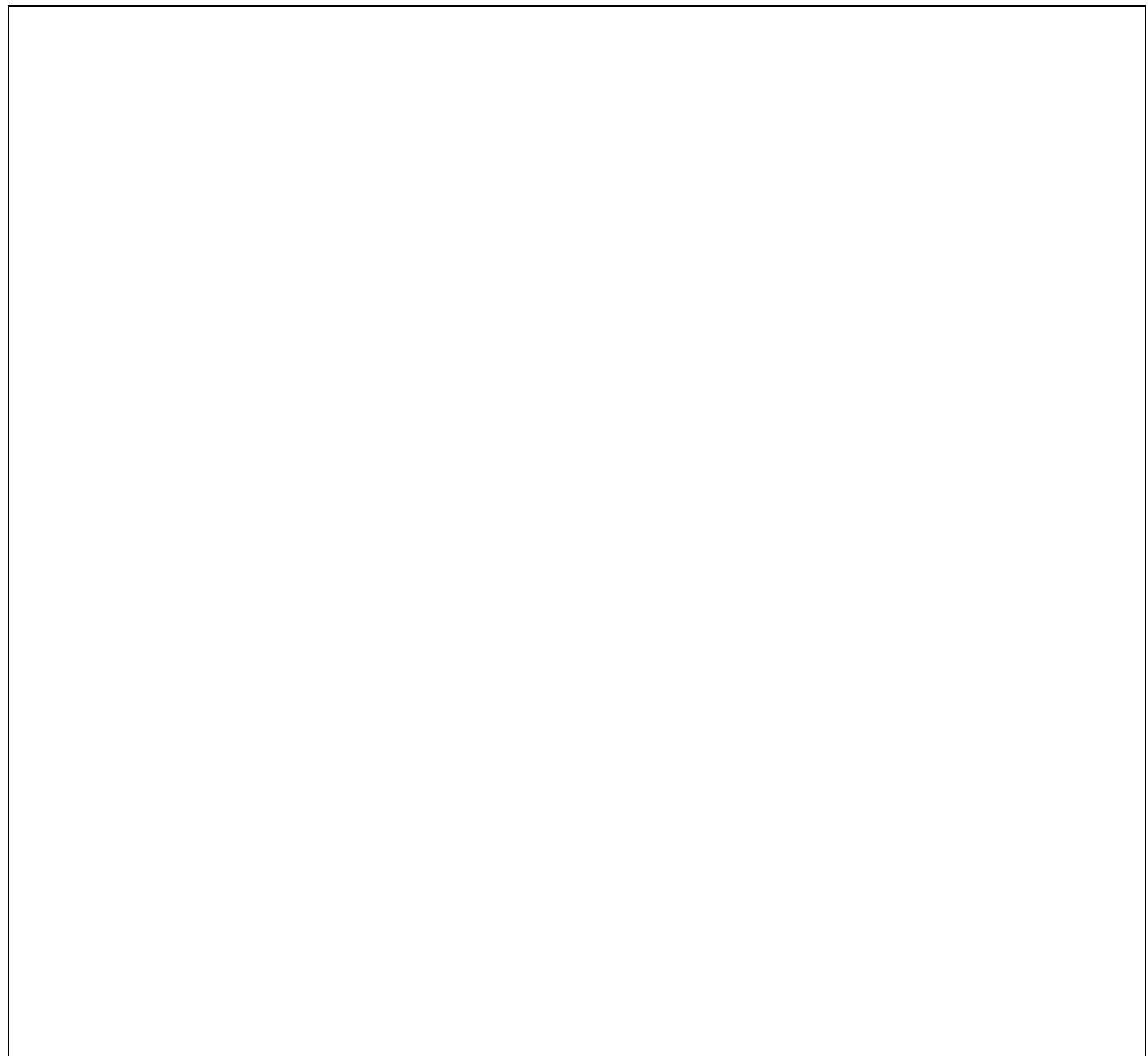
Passport number

Passport issue date (dd/mm/yyyy)

Passport expiration date (dd/mm/yyyy)

Place of issue

Please attach a copy of your valid passport below.



AFS Connections

2

Has anyone in your family: (If yes, please describe who, the relationship)

Hosted on AFS? Yes No

If yes, how?

Participated on an AFS program? Yes No

If yes, how?

Do you have relatives or close friends living in Japan? Yes No

If yes, which prefecture?

Have you participated in any other exchange program, traveled abroad or lived in another country?
Please provide details.

Would you like to be a host family? Yes No



Questions on Food Restrictions and Allergy

Q 9: Do you have any food restrictions or allergy? Yes No
If your answer is "No", you can eat all items listed below.

Q10: Please check the box of the items that you are **NOT able to eat or drink** and check/write the **reason**.

<input checked="" type="checkbox"/>		Religion/ belief <input checked="" type="checkbox"/>	Allergy <input checked="" type="checkbox"/>	Other (Please write the reason or describe the reaction in case of allergy)
<input type="checkbox"/>	Pork			
<input type="checkbox"/>	Chicken			
In case halal chicken was not available, would you be able to eat non-halal chicken? Yes / No				
<input type="checkbox"/>	Beef			
In case halal beef was not available, would you be able to eat non-halal beef? Yes / No				
<input type="checkbox"/>	Meat extract			
<input type="checkbox"/>	Fish (cooked)			
<input type="checkbox"/>	Raw fish			
<input type="checkbox"/>	Shellfish (clams, oysters etc.)			
<input type="checkbox"/>	Crabs			
<input type="checkbox"/>	Shrimps			
<input type="checkbox"/>	Fish/seafood extract			
<input type="checkbox"/>	Eggs			
<input type="checkbox"/>	Milk			
<input type="checkbox"/>	Other dairy (cheese, yogurt etc.)			
<input type="checkbox"/>	Nuts			
<input type="checkbox"/>	Gluten (wheat)			
<input type="checkbox"/>	Buckwheat (<i>soba</i>)			
<input type="checkbox"/>	Japanese seasoning such as soy sauce, miso paste			
Anything else you are not able to eat and the reason(s):				

Q11: Please check the box of the items that you have allergic response (other than food).

<input type="checkbox"/>	Cats	<input type="checkbox"/>	Dogs	<input type="checkbox"/>	Smoke	<input type="checkbox"/>	Pollen (hay fever)
<input type="checkbox"/>	Penicillin	<input type="checkbox"/>	Dust	<input type="checkbox"/>	Others ()		

Q12: Anything else that you have allergic response to or anything you would like AFS to know:

Your signature below attests that you understand and accept that providing AFS with correct, complete and true statements is the responsibility of the candidate and that incomplete, incorrect, and false information may result in delay, rejection, or early return to the home country.

Signature of candidate
and date

(Signature)

(Day, Month, Year)