**Scholarship Application**

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| --- | --- | --- |
|  | **Date of Application**  **(mm/dd/yyyy)** | **/ / 2019** |
| **Keio University Graduate School of Science and Technology**  **Dean　　Professor Kohei Itoh**  **(Ph.D.) Please consider my application for the “Research Encouragement Scholarship for Graduate Students”** | | |
| (N.B.) Please circle the name of the scholarship you are applying for (selection of multiple scholarships permitted) | | |

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| Photograph  Frontal picture of upper body  No hats; Plain background  Height 4cm, Width 3cm  The photograph must have been taken within the last three months. | | **Graduate School of Science and Technology**  **Major　　 Degree Program Year**  **Student ID No.　　　　　　　　　 (April 2016, Present)** | | **Nationality** |
|  |
| **Full Name** | (**seal)** | **Male・Female** |
| **Date of Birth**  **(mm/dd/yyyy)** | **/ /**  **(　　　Age)** | |
| **Present**  **Address** | **Postal-Code**  **Mobile Phone　　 ( )**  **E-mail**  **Laboratory/Office Ext. No.** | |
| **Academic History** | **Year　　 Month** |  | | |
| **Year 　　 Month** |  | | |
| **Year Month** |  | | |
| **Year　　 Month** |  | | |
| **Year Month** |  | | |
| **Year　　 Month** |  | | |
| **2019 Year 4 Month** | **Graduate School of Science and Technology**  **Major 　　　 Program 　　 Year Enrolled** | | |
| **Work History** | **Year　　 Month** |  | | |
| **Year　　 Month** |  | | |
| **Year　　 Month** |  | | |
| **Year 　　 Month** |  | | |

（N.B.）Students who provide false or incorrect information on the application will be disqualified  
 Begin the “Academic History” section from the year you graduated senior high school

The year should be written according to the Western calendar

If there is insufficient space in either the “Academic History” or “Work History” sections, you may use a separate sheet and

attach to the form

Include any experience as a Leading RA, RA, or TA in the “Work History” section

Recommendation of Academic Advisor for Scholarship Application

This form should only be filled out by the academic advisor. Please state your opinions about the applicant in each of the sections below.

Please sign and affix your seal to the completed form, enclose in an envelope, and hand to the applicant.

|  |  |  |  |
| --- | --- | --- | --- |
|  | | Full Name of Applicant |  |
| 1. Assessment of Applicant’s Research Abilities | | | |
|  | | | |
| 1. Assessment of Applicant’s Character | | | |
|  | | | |
| 3. Assessment of Applicant’s Behavior at Laboratory/Office (including state of health) | | | |
|  | | | |
| 4. Other Items Requiring Special Mention | | | |
|  | | | |
| Academic Advisor (signature/seal) | (seal) | | |