## INVITATION PROGRAM FOR JAPANESE AMERICAN STUDENTS (June/July, 2017) APPLICATION FORM

Individuals selected must be able to travel to Japan <u>from June 24 to July 4, 2017</u>. Deadline for application submission: <u>April 29, 2017</u>.

1.

PERSONAL INFORMA	ATION				
Name: (First Name)					
(Last Name)					
(Middle Name)					
Date of Birth :		(YYYY/MM/DD)	)		
Age:		,			
Sex: M / F					
Special service needs for	or your stayi	ng in Japan:			
Home Address:					
Phone Number:					
E-Mail Address:					
School Information:					
(Name)					
(Address)					
(Phone Numb	er)				
Emergency Contact Info	ormation:				
(Address)					
(Name)					
(Relationshi	p)				
(Phone Num	ber)				
Prior Visits to Japan if	Applicable :				
(Year)					
(Length of S	tay)				
(Purpose of	•				
Are your father and mo	ther Japanes	se American?			
•	/ No (Plea			)	
	/ No (Plea	- '		)	
How would you rate yo	our Japanese	? Please check the n	umber.		
	Beginner	Intermediate	Advanced	Native	
Speaking	1	2	3	4	
Listening	1	2	3	4	
Reading	<u>(1)</u>	2	3	4	
Writing	1	2	3	4	

lease attach a copy of the passport page where passport n	umber and photog	graph are
rinted HERE on this blank box.		
*If you are currently waiting for your passport delive The approximate date of delivery is (Month	red, fill in the foll Date	- \
The approximate date of derivery is (Month	Date	).

- 2. Please provide a brief response to the following questions. Attach separate sheet no more than TWO pages double-spaced.
  - a) Why do you wish to participate in this program?
  - b) Briefly describe any prior experience you have had regarding Japan.
  - c) How did you learn about this program?

Please send all information by mail to Consulate General of Japan in Miami. Residents of Washington, D.C. should send information to the Embassy of Japan. <u>Deadline for application submission: April 29, 2017.</u> For more information, please contact your local Consulate General of Japan.