Personal Details For Ohio-Saitama University Scholarship Program

 別紙様式２

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| --- | --- |
| Name of Applicant |  |
|  Family Name | 　　Given Name |  |  |
| 　　　　 |  |
| Date of Birth | Age (As of end of November)　　　　　　　　　　　　　 |  |  |
|  |  |  |
| Present Address | (Desired Course \*please check): |  |
|  | □ Intensive English Language Programs, The University of Findlay□ Undergraduate, The University of Findlay　□ Graduate, The University of Findlay |
| TEL |  | － |  | － |  |  |
| CELL |  | － |  | － |  |
| E-mail  | ＠ |  |
| *※ Please use an email address accessible via a device capable of unlocking Zip files. (not a mobile device)* |
| Other Contact Address |
| TEL |  | － |  | － |  |
| E-mail | 　　＠ |
| *※ Please use an email address accessible via a device capable of unlocking Zip files. (not a mobile device)* |
| English Language Ability |
|  |
| Course of Study | Do you intend to obtain a degree? | Would you attend the University of Findlay at your own expense? |
|  | □Yes □No | □Yes □No |
| Sports Background or Hobbies |
|  |
| Year | Month | Academic Background (Since High School) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Do you have any chronic diseases or any allergies? □Yes □NoIf yes, please provide details. |