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) | | | | | | | | | | | | |
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|  | |  |  | | | | | | | | | | | | |
| Do you have any chronic diseases or any allergies?  □Yes □No  If yes, please provide details. | | | | | | | | | | | | | | | |