

Ishibashi Foundation/The Japan Foundation Fellowship for Research on Japanese Art Application Form

For Fiscal 2024-25 [Q-FW 2024]



ISHIBASHI
FOUNDATION



JAPAN FOUNDATION
国際交流基金

*Please use Adobe Acrobat Reader to complete this form. Other applications may cause incompatibility issues.

1 Applicant

Title and name	Title	*Other (please specify)
	<input type="text"/>	<input type="text"/>
	Surname	Given and middle names
	<input type="text"/>	<input type="text"/>
Latin alphabet as shown in your passport		
Nationality/area	<input type="text"/>	
Date of birth, age	<input type="text"/>	<input type="text"/> years old
(mm/dd/yyyy)		
Residential address	<input type="text"/>	
Permanent resident status in your residing country/area	<input type="radio"/> I have permanent resident status in the country/area in which I reside	
	<input type="radio"/> I do not have permanent resident status in the country/area in which I reside	
Contact	E-mail	Tel.
	<input type="text"/>	<input type="text"/>
Institution	Institution's name	
	<input type="text"/>	
	Job title	
	<input type="text"/>	
	Specialization	
	<input type="text"/>	
	Office address	
	<input type="text"/>	
	URL	
	<input type="text"/>	

2 Project Summary

Proposed term of Fellowship	Arrival date	Departure date	Total
	<input type="text"/>	~ <input type="text"/>	<input type="text"/> days
Your arrival date must fall between June 1, 2024 and March 15, 2025. Total 21-59 days.			
Project title	<input type="text"/>		

Project abstract

(No more than 200 words)

3 Qualifications

Language ability

Japanese-language proficiency

Speaking and listening	Reading	Writing
<div></div>	<div></div>	<div></div>

Qualifications (if any)

English-language proficiency

Speaking and listening	Reading	Writing
<div></div>	<div></div>	<div></div>

Qualifications (if any)

Application for other grants (if any)

Name, period, and results notification date of grants for which you have applied for the same purpose as this Fellowship.

Referee/
Recommender 1

Name

Contact (tel. or e-mail)

Referee/
Recommender 2

Name

Contact (tel. or e-mail)

Cooperating
organizations/
individuals in Japan
(max 4)

1

Name

Organization

Contact (tel. or e-mail)

Status

2

Name

Organization

Contact (tel. or e-mail)

Status

3

Name

Organization

Contact (tel. or e-mail)

Status

4

Name

Organization

Contact (tel. or e-mail)

Status

To: President, The Japan Foundation

I hereby apply for this Fellowship, and pledge the following:

- ☐ I understand and accept all the matters stated in the Application Instructions (including “Handling of personal information”).
- ☐ I have reviewed the contents of this application and affirm that it is complete and true to the best of my knowledge.

↑ Please confirm and check the items above.

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