ASHINAGA

Name	

Registration Form

Please read the program outline and application guidelines before completing this form.

Personal Information

(Please complete in CAPITAL letters in blue or black ink)

Surname: _____

Given Name(s): _____

Nationality: _____

Date of Birth (DD/MM/YYYY): _____

Sex: ☐ Male ☐ Female

Home (Physical) Address: Country, City/Town _____

_____

Main Phone Number (we will use this to contact you): + | | | | | | | | | | | | |

Phone Number 2 (secondary contact): + | | | | | | | | | | | | |

Email Address (please write one letter per box below and use capital letters only):

Do you have any past or current health issues? Please specify: _____

_____

Family Information

Father: ☐ Alive ☐ Deceased ☐ Unknown

If deceased, state year and cause of death, if known: _____

Mother: ☐ Alive ☐ Deceased ☐ Unknown

If deceased, state year and cause of death, if known: _____

Please provide us with the details of your parent(s) occupation and income before they passed

_____

_____

Do you have any children or other dependents? ☐ Yes (give details below) ☐ No

_____

_____

ASHINAGA

Name	

Academic History

When did you or will you graduate from secondary school? ☐ 2018 ☐ 2019 ☐ 2020 ☐ 2021

How many years of schooling have you completed? _____

Are you attending university? ☐ No ☐ Yes / I started but I dropped out (please provide details below)

_____

_____

_____

Secondary School Exam Results

For those who have already received their Secondary School Exam Results*:

** If you have not received your secondary school examination results please move to the next section.*

Name of exam: _____

Exam ID number: _____

Date of Exam: day / month / year: _____

Date results were given: day / month / year: _____

Total score (if relevant): _____

Future Plans

Please tell us briefly what you would like to study abroad if you are selected for this program, and explain why (200 words maximum):

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

ASHINAGA

Name	

Agreement

To complete your registration, please check the box and sign below:

☐ I hereby declare that the statements I have made on this form are true to the best of my knowledge and belief.

Name of Applicant	Signature	Date

Documents to submit

- Copy of national ID card or passport.
- Copy of term reports for your final year of school.
- Copy of final Secondary School Examination Certificate**

***For students receiving their examination results after February 19th 2019 and before February 28th 2020 we will ask you to send your examination certificate if you are invited to submit the application for the program.*

How did you learn about this program?

☐ Japanese Embassy

☐ Ashinaga Website

☐ Facebook

☐ Instagram

☐ Whatsapp

☐ Family / Friends

☐ Scholarship Website

☐ School (write here): _____

☐ Other (write here): _____