



THE METROPOLITAN CENTER FOR

Far Eastern
Art Studies

at Hosomi Museum
6-3, Okazaki -saishoji-cho Sakyo-ku
Kyoto 606-8342 Japan

TEL. 011-81-75-752-5570
FAX 011-81-75-752-5570

Grant Program for 2015/2016

Doctoral Grant Application Form

This Application, including original and 4 copies, must be postmarked and mailed to the Center at the address above no later than December 31. Only one copy of each transcript and letter of recommendation is necessary.

PROJECT TITLE

PERSONAL DATA

Name of Applicant: Mr./Ms. _____
(First name) (Last name)

Address and Telephone Number:

E-mail Address:

Emergency Contact Information:

Place and Date of Birth:

_____ (Place) _____ (Month/day/year)

Country of Present Citizenship: _____

EDUCATIONAL BACKGROUND

List educational institutions attended, including any in which you may be enrolled at present. Application must include a copy of transcripts from each of the institutions listed below (one copy of each transcript):

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
(Institution Name & Location)	(Major field)	(Date)	(Degree)

Date of completion of doctoral examinations (month, date, year):
(Note: Exams must be completed by March 1st prior to the grant period.
For exams taken between the Dec. 31st deadline and March 1st, please inform us of the results once they are available.)

List any academic honors, prizes, or scholarships that you have received (give sponsor, month, year, amount, etc.):

List any books, articles or theses that you have had published (give title, place and date of publication; attach a separate sheet if necessary):

OCCUPATIONAL EXPERIENCE

Employment Record (add separate sheet if necessary):

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
(Name & address of employer)	(Type of work or title)	(Dates)

Indicate the career you plan to pursue after completion of study or research sponsored by this grant.

RESEARCH PLANS

What is your major field of study or research, and in what specific area of your field do you plan to specialize?

Name and address of faculty advisor who will provide a letter certifying your competence and evaluating your proposed project. ***The letter, in sealed envelope signed by the writer, must accompany this application.***

Where do you intend to conduct your project?

Which institution(s) do you want to utilize for this project?

Name and address of specialist(s) with whom you wish to work, or receive advice for your proposed project:

Have you previously had contact with or help from the above specialist(s)?

Attach on separate page detailed budget of anticipated expenses and potential sources of income. [Note: Please notify the center as soon as possible of the outcome of applications for aid from other agencies.] Recipients of individual grants are requested to acknowledge the Center's support if a publication is part of the grantee's research project.

Payment date requested (check one):

June 1st

September 1st

Other _____

(please specify)

All grants will be paid only in either Yen or Dollars, at the direction of the grantee.

Payment by:

Check, or

Wire Transfer.

If wire transfer, please provide:

Bank name:

Branch name:

Branch address:

Account name:

Account number:

Type of account:

SWIFT code and/or ABA #:

Title and description of your proposed project (attach separate pages as necessary for a full and complete description; do not feel limited to the space below):

Time schedule, including proposed dates of arrival in and departure from the area where you expect to work (attach a separate sheet if necessary):

Signature: _____

Date: _____