



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

Individual 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.

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.

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

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

List any books, articles or thesis published by you (give title, place and date of publication; Attach separate sheet if necessary):

OCCUPATIONAL EXPERIENCE

1. Employment Record:

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

RESEARCH PLANS

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

Where do you intend to conduct your project?

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

Where relevant, please list the name and address of specialist(s) with whom you wish to work, or receive advice for your project:

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

Title and Description of your proposed project (add additional pages as needed to describe your project):

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 application 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)

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

Payment by:

- Yen or
- Dollars at the direction of the grantee:

Payment by

- Check, or
- Wire Transfer.

If by wire transfer, please provide:

Bank name:

Branch name:

Bank address:

Account name:

Account number:

SWIFT code and/or ABA #:

Type of account:

Signature: _____ Date: _____

Time schedule, including proposed dates of arrival in and departure from the area where you expect to work: