

ARCUS Project IBARAKI 2024

ARCUS Research Winter

APPLICATION FORM

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| FIRST NAME, LAST NAME | FOR APPLYING AS A GROUP, LIST ALL MEMBERS’ NAMES | |
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| NATIONALITY (as appears on passport) | DATE OF BIRTH (yyyy/mm/dd) |  |
|  |  |  |
| ADDRESS (Street, City, State, Postal, Country) | EMAIL | |
|  |  | |
| BILLING ADDRESS (if it is same as above, indicate as “same”) | PHONE (country code, area code, number) | |
|  |  | |
| WEBSITE or SNS handle name (optional) | GENDER (optional) | |
|  |  | |
| OCCUPATION | AFFLIATED ORGANIZATION(S) | |
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| SUPPORTING ORGANIZATION / FUNDING INSTITUTION  if applicable | FUNDING AND GRANT STATUS  Please specify the status of your funding/grant application including dates of results if you are applying | |
|  |  | |
| ENGLISH PROFICIENCY | JAPANESE PROFICIENCY | |
| Native・Fluent・Conversational・Basic ・None | Native・Fluent・Conversational・Basic ・None | |
| ADDITIONAL SUPPORT (available with a fee / select ones that you would like to ask) | | |
| □ Interpretation (research / interview / event)　□ Translation (English / Japanese)  □ Studio Visit  　　　　　　　　　□ Coordination& attend for research, interview, etc.  　　　　　　　　　□ Other supports specify: | | |
| HOW DID YOU HEAR OF ARCUS RESEARCH PROGRAM? (check all that apply) | | |
| □ ARCUS Project website /Facebook/Twitter　□ E-Newsletter from ARCUS  　　　　　　　　　□ Applied to ARCUS AIR before year(s) you applied:    　　　　　　　　　□ Other websites/sources    □ From a friend/acquaintance/past participant　 □ From an organization/school | | |

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| TWO REFERENCES (short-listed candidates may be asked to provide a letter from one of their references) | |
| REFERENCE 1 | REFERENCE 2 |
| * Name * Title * Institution (if any) * Email | * Name * Title * Institution (if any) * Email |