

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) |
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| 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
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