



333 East 47th Street  
 New York, NY 10017  
 japansociety.org

**JAPAN SOCIETY  
 JUNIOR FELLOWS LEADERSHIP PROGRAM  
 Application Form**

**APPLICANT**

MALE  FEMALE  PREFER NOT TO ANSWER (CHECK ONE)

\_\_\_\_\_  
 FIRST NAME MIDDLE NAME LAST NAME

\_\_\_\_\_  
 DATE OF BIRTH NATIONALITY

\_\_\_\_\_  
 ADDRESS

\_\_\_\_\_  
 CITY STATE ZIP

\_\_\_\_\_  
 HOME TEL CELL PHONE EMAIL

**SCHOOL**

\_\_\_\_\_  
 SCHOOL NAME GRADE AS OF SEPTEMBER 2023 CURRENT GPA (WEIGHTED/UNWEIGHTED)

\_\_\_\_\_  
 ADDRESS

\_\_\_\_\_  
 CITY STATE ZIP

\_\_\_\_\_  
 TEL EMAIL

**INTERESTS**

\_\_\_\_\_  
 PERSONAL INTERESTS

\_\_\_\_\_  
 LEADERSHIP ACTIVITIES AND POSITIONS HELD

ARE YOU FULLY VACCINATED AGAINST COVID-19, INCLUDING ONE BOOSTER SHOT?  **YES**  **NO** \_\_\_\_\_  
 DIETARY RESTRICTIONS, ALLERGIES, AND ANY MEDICAL CONDITIONS THAT PROGRAM STAFF NEED TO KNOW DURING TRAVEL

\_\_\_\_\_  
 INTERNATIONAL TRAVEL EXPERIENCES DURING THE PAST 5 YEARS

\_\_\_\_\_  
 HOW DID YOU LEARN ABOUT THE JUNIOR FELLOWS LEADERSHIP PROGRAM?

If selected for the Junior Fellows Leadership Program, will you apply for a need-based scholarship?  **YES**  **NO**

**All information contained in this application is true and accurate to the best of my knowledge.**

\_\_\_\_\_  
 SIGNATURE DATE



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**Application Form**

**PARENT/GUARDIAN**

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
RELATIONSHIP TO APPLICANT

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
CELL PHONE

\_\_\_\_\_  
WORK TEL

\_\_\_\_\_  
EMAIL

I give \_\_\_\_\_ permission to apply for the Japan Society Junior Fellows Leadership Program.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



**JAPAN  
SOCIETY**

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**RECOMMENDER #1**

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
SCHOOL (IF APPLICABLE)

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
TEL

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
RELATIONSHIP TO APPLICANT

**RECOMMENDER #2**

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
SCHOOL (IF APPLICABLE)

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
TEL

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
RELATIONSHIP TO APPLICANT