

BDK Fellowship Application

< 2026 >

Please complete this application form in ENGLISH or in JAPANESE ONLY.

You must type or print firmly and clearly to fill out this form.

If you require additional space, you may attach additional sheets after page 9 (up to 10pgs).

1) Legal Full Name:

*If your legal name can be written in Chinese characters, please write it in both Latin letters and Chinese characters.

First

Middle

Family

Date of birth:

/ /

Age ()

Nationality:

*Please attach a photocopy of a valid passport or photo ID.

2) If you have applied for the BDK Fellowship before, please write the year.

3) Present your status with the name of your university, research institute, or employer:

4) Present your address with phone number(s) and TWO e-mail addresses (BDK will email the applicant after the application materials have safely reached the BDK office):

5) Permanent address:

6) Will you *be accompanied* by your family, if you are selected to come to Japan?

Yes () No ()

If Yes, Who? How many?

7) Field(s) of study in which you have specialized in the past (describe concretely and in detail):

8) Educational background above the high school level:

Institution / Dates attended / Degree received / Major Field

14) Name of the university or institution in Japan with which you desire to be affiliated, and the name(s) of the professor(s) with whom you wish to study:

15) Names, titles, affiliations, mailing addresses, and e-mails of three persons from whom you have requested reference letters:

1)

2)

3)

16) Career goals (briefly describe):

17) Previous foreign travels (longer than two weeks):

18) Other fellowships for which you have applied and/or you are applying, and the fellowship you currently hold and its expiration date, if any (BDK does not allow any overlap of the scholarship tenure. Please inform BDK if you have any concerns regarding this matter):

19) Health Statement (to be completed by a physician):

The candidate named in this application is physically and psychologically able to carry out one year of research in Japan as described in this proposal.

Name of Physician:

Contact Information:

Comment (General Health Assessment, illnesses, health restrictions or conditions possibly limiting performance):

Physician's Signature: _____

Date: _____ / _____ / _____

20) Proposed study program in Japan:

(1) Theme or subject of proposed study and your background for this study:

(2) Study program in detail:

I certify that all information provided in this form is correct to the best of my knowledge and I agree not to violate legal regulations while in Japan, not to participate in any political activities, and to do my best in my studies.

Applicant's name: _____

Applicant's signature: _____

Date: _____ / _____ / _____