



Application Deadline: NOVEMBER 1, 2007

2008 ADB GOVERNMENT OF JAPAN SCHOLARSHIP APPLICATION

Please refer to the instruction booklet to complete this form and to check for specific requirements in addition to this form. Print or type answers.

1. Type of application: <input type="checkbox"/> New <input type="checkbox"/> Reapplying (specify year of last application) _____				2. <input type="checkbox"/> I wish to be considered for funding by the East-West Center Degree Fellowship Award, if applicable. (Please review application instructions for eligibility requirements.)							
3. Family name <small>(as it appears on your passport)</small>		Given name		Middle name(s)		Other name(s)		4. Social Security #		5. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
6. Complete current or local mailing address including Street and Apt #, City, State/Country, Zip (postal) code								7. Address valid until: (month/day/year)			
8. Complete permanent address including Street and Apt #, City, State/Country, Zip (postal) code								9. If not U.S. citizen but currently in U.S. indicate visa status: <input type="checkbox"/> J <input type="checkbox"/> F <input type="checkbox"/> Other _____			
10. Birthdate (month/day/year)			11. Birthplace (city/state/country)			12. Country of citizenship			13. Country of permanent residence		
14. office phone #		home phone #		cell phone #		FAX		15. E-mail address:			
16. Have you received an EWC Scholarship before? If so, when and what type?						17. Have you participated in an EWC program? If you have, specify dates and program.					
18. List in order of your attendance all colleges/universities in which you have enrolled. Include the one in which you are currently enrolled, if any. Begin with the most recent institution. Please do not write in the far left column.											
Name of institution			Location (City, State or Country)		Date From To Mo/Yr Mo/Yr		Major		Degree or Diploma Received or Expected		Date Rec'd or Expc'd
19. I am presently <input type="checkbox"/> enrolled as a: <input type="checkbox"/> classified (degree-seeking) student at _____ <input type="checkbox"/> unclassified student at _____ or I am presently <input type="checkbox"/> employed as a: _____ at _____											
20. LETTERS OF REFERENCE Please do not write in the far left column.											
Name						Position					
21. TEST/EXAMINATION REQUIRED (see instructions)						22. Indicate the Asia/Pacific language in which you are interested.					
GRE General		date taken		sent to		23. List other institutions to which you are applying:					
GRE Subject		_____		_____							
TOEFL		_____		_____							
GMAT		_____		_____							
LSAT		_____		_____							
IELTS		_____		_____							

*****PLEASE DO NOT WRITE BELOW THIS LINE*****

<input type="checkbox"/> GRE General	<input type="checkbox"/> UH App	<input type="checkbox"/> UH App
V= %Q= %A= %	<input type="checkbox"/> UH Dept App	
<input type="checkbox"/> GRE Subject	<input type="checkbox"/> Confidential Financial Statement	
<input type="checkbox"/> TOEFL	<input type="checkbox"/> Residency Declaration Form	
<input type="checkbox"/> GMAT	<input type="checkbox"/> PhD Sample/Writing Sample	
<input type="checkbox"/> LSAT	<input type="checkbox"/> Curriculum Vitae	<input type="checkbox"/> Essay
<input type="checkbox"/> MAT	<input type="checkbox"/> UH App Fee	

24. Indicate the field of study and degree you wish to pursue at the University of Hawai'i.

Field of study: _____ Degree: _____

25. **Consideration for independent UH Admission** Do you plan to attend the University of Hawai'i in the event that you do *not* receive an ADB or East-West Center fellowship? Your response will not affect your fellowship application; it only informs us how to submit your UH application for processing.

Yes No

26. List the countries in which you have traveled or resided (indicate places and dates).

27. List the titles of publications you have authored (indicate subject, date, and place).

28. List the scholarships, fellowships, or grants you have received.

29. List other scholarships and fellowships for which you are applying.

30. If you checked #2 page 1, please indicate how you learned about the East-West Center Graduate Degree Fellowship? Check all that apply:

- | | |
|---------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Current or former EWC fellow | <input type="checkbox"/> Internet search |
| <input type="checkbox"/> Newspaper or magazine | <input type="checkbox"/> EWC web site |
| <input type="checkbox"/> Scholarship database | <input type="checkbox"/> Educational advising office |
| <input type="checkbox"/> EWC staff (name: _____) | <input type="checkbox"/> EWC information session (location: _____) |
| <input type="checkbox"/> Professor (name: _____) | <input type="checkbox"/> Graduate department/university (name: _____) |
| <input type="checkbox"/> Conference (name: _____) | <input type="checkbox"/> EWC Program Representative |
| <input type="checkbox"/> Other: (please explain: _____) | <input type="checkbox"/> Through this application |

NOTE: To complete your application, review the ADB Application Information and Instructions for other required supporting documents.

APPLICANT'S CERTIFICATION

I hereby certify that the information I have given on this application is complete and correct to the best of my knowledge, and that I have attended no institution other than those listed on this application. I understand that the concealment of such information may result in the rejection of my application or disciplinary action if discovered after enrollment. I understand that it is my responsibility to arrange for the forwarding of official transcripts of records from all schools specified in the instruction booklet, and that such transcripts and other application materials become the property of the East-West Center and will not be returned to me. Further, I authorize access to and if necessary, release of my educational records of any academic work done at the University of Hawai'i as part of my department's evaluation of my application for an ADB Scholarship.

(Please be sure that photo copies of your application/documents needed for your own personal use are made BEFORE submitting them to the East-West Center.) The East-West Center WILL NOT make any photo copies of any materials submitted as part of your application.

Date _____ Signature of Applicant _____