

Ishibashi Foundation/The Japan Foundation Fellowship for Research on Japanese Art Application Form

For Fiscal 2025-26 [Q-FW 2025]



ISHIBASHI
FOUNDATION



JAPAN FOUNDATION
国際交流基金

*Please use Adobe Acrobat Reader to complete this form. Other applications may cause incompatibility issues.

1 Applicant

| | | |
|---|---|--------------------------------|
| Title and name | Title | *Other (please specify) |
| | <input type="text"/> | <input type="text"/> |
| | Surname | Given and middle names |
| | <input type="text"/> | <input type="text"/> |
| Latin alphabet as shown in your passport | | |
| Nationality/area | <input type="text"/> | |
| Date of birth, age | <input type="text"/> | <input type="text"/> years old |
| (mm/dd/yyyy) | | |
| Residential address | <input type="text"/> | |
| Permanent resident status in your residing country/area | <input type="radio"/> I have permanent resident status in the country/area in which I reside | |
| | <input type="radio"/> I do not have permanent resident status in the country/area in which I reside | |
| Contact | E-mail | Tel. |
| | <input type="text"/> | <input type="text"/> |
| Institution | Institution's name | |
| | <input type="text"/> | |
| | Job title | |
| | <input type="text"/> | |
| | Specialization | |
| | <input type="text"/> | |
| | Office address | |
| | <input type="text"/> | |
| | URL | |
| | <input type="text"/> | |

2 Project Summary

| | | | |
|---|----------------------|------------------------|---------------------------|
| Proposed term of Fellowship | Arrival date | Departure date | Total |
| | <input type="text"/> | ~ <input type="text"/> | <input type="text"/> days |
| Your arrival date must fall between June 20, 2025 and March 31, 2026. Total 21-59 days. | | | |
| Project title | <input type="text"/> | | |

Project abstract

(No more than 200 words)

3 Qualifications

Language ability

Japanese-language proficiency

Speaking and listening

Reading

Writing

Qualifications (if any)

English-language proficiency

Speaking and listening

Reading

Writing

Qualifications (if any)

Application for other grants (if any)

Name, period, and results notification date of grants for which you have applied for the same purpose as this Fellowship.

Referee/
Recommender 1

Name

Contact (tel. or e-mail)

Referee/
Recommender 2

Name

Contact (tel. or e-mail)

Cooperating
organizations/
individuals in Japan
(max 4)

1

Name

Organization

Contact (tel. or e-mail)

Status

2

Name

Organization

Contact (tel. or e-mail)

Status

3

Name

Organization

Contact (tel. or e-mail)

Status

4

Name

Organization

Contact (tel. or e-mail)

Status

To: President, The Japan Foundation

I hereby apply for this Fellowship, and pledge the following:

- ☐ I understand and accept all the matters stated in the Application Instructions (including “Handling of personal information”).
- ☐ I have reviewed the contents of this application and affirm that it is complete and true to the best of my knowledge.

↑ Please confirm and check the items above.

Blank below