Fiscal Year 2018-19

Japanese-Language Learners Event Grant Application Form



Applicant Information					
Name of Applying Institution					
Dept./Sect in charge o the proposed pr	f				
Address Address			<dept. charg<="" in="" section="" td=""><td>e of the proposed event></td></dept.>	e of the proposed event>	
Legal Status Non-profit Private Edu		Non-profit Public Education Non-profit Private Education Other Non-profit Organizati	nal Institution	Educational Level	Primary-school Education Secondary Education Higher Education Other ()
Authorized Representative President, Executive Director, Dean, Dept. Chair, District Superintendent, etc. Prof. Dr. Mr. Ms.		Person in charge of	Project Director (Contact Person) Person in charge of the proposed project Prof. Dr. Mr. Ms. Financial Director Person who will handle the grant payment check for the proposed pro Prof. Dr. Mr. Ms.		
Position within the Applying Institution					
Email					
Tel (Ext.#)					
Tel (Ext.#) Signat (Authorized Repr					Date:
Signat	resentative)				Date:
Signat (Authorized Repr	ormatic				Date:
Signat (Authorized Repr	ormatic Title	on			Date:
Signat (Authorized Repr	ormatic Title Event	On National Regional (NOTE: Closed events for a			
Signat (Authorized Repr Event Info Event Scale of	Title Event Stitutions	On National Regional (NOTE: Closed events for a			
Signat (Authorized Repr Event Info Event Scale of Co-Host Ins	Title Event Stitutions Oporting rganization	On National Regional (NOTE: Closed events for a			

1.	Event Summary (objective	es, contents, and e	xpected outcome/ef	fect, etc.)	
2. E	expected Number of Part	icipants and Audie	ence		•
			Expected Numbe	r of People	
		Primary Level		/Tatal\	
	Participants (Japanese Language Learners)	Secondary Level		(Total)	
	(Japanese Language Learners)	Collegiate Level			
		Others			J
	Audience				
3.	Names of Participating S	Schools (sending stu	dents to your event a	s participants)	<u> </u>
	Primary Level:				
	Secondary Level:				
	Collegiate Level:				
	Others:				
4.	Judges/Guest Speakers	(if applicable)			
	Name		Affiliation		
5.	Schedule (including prepa	ration, announceme	nt, etc.)		
	Date Ac	tivities			

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1. Expected Financial Resources for Your Project

Applicant (Own Funding)	Other Funding Sources	The Japan Foundation	TOTAL
\$	\$	\$	\$

< Status of Other Funding Sources >

Sponsoring Institutions	Status of Application	Amount

2. Necessary Expenses for Entire Project

Items	Breakdown @ x day x persons, etc.	Sub-Total
(1) Expenses for Inviting Judges/Guest Spe		
(2) Expenses for Venue (Rental Fee for Ven	nue and Audio Equipment, Tech Support, etc.)	
(3) Prize Expenses for Participating Japane	se Language Learners	
(4) Expenses for Programs, Flyers, Handou	ts, etc.	
(5) Expenses for Group Transportation of P	Participants/Student Audiences (buses, vans, etc.)
(6) Other Expenses		П
	Grand Total:	

3. Information for Grant Payment:

If your application is successfully selected for our grant support, the grant will be paid by check. Please make sure that you have a bank account in your institution or school district's name to receive our payment check.

	ve a bank account in our institution's name. not currently have a bank account, but will open the account by the time we receive the payment check.		
The check should be made payable to:			