

## TOMODACHI - U.S. Embassy Go For Gold Sports Leadership Program

APPLICATION FORM					
Name (Romaji)					
Name (日本語)					
Email		@			
Address	〒 -			Mobile:	
				Date of Birth: [Year/Month/Date]	
				Age: (on 2022/12/01)	
University:	University: Professor:				
What sports-related	l classes have you	taken? Please list the title and	d a brief descripti	on for each.	
		being part of organized sports nat sport(s) do you play, and he		have played with in high capacity have you played them?	
Do you have previo		nip, or volunteer experience re	lating to the spor	ts industry?	
Have you ever lived, traveled, or studied outside of Japan (i.e. abroad)?  If yes, please summarize when, where, and for what purpose/reason.					
If applicable, please	e share any leade	rship experience you've had.			
Language Proficier	ncy (e.g., TOEIC/	TOEFL score, studying abroad	experiences, etc.)		
Vaccination Status Scheduled* [Year/Month/Day]		Not vaccinated	Fully vaccinated		
1st dose [Year/I	Month/Day]				
2nd dose [Year/l	Month/Day]				
3rd dose [Year/Mon	th/Day]				

Have you taken part in a TOMODACHI program before?				
No Yes [If Yes] Name of Program:				
Reason for Application: (250-300 words)  Please include the following in your answer:  Why you are interested in Sports Management.  Why you should be selected to join the program.  What you would like to learn from this program.  What you would like to do after the program.  Also if applicable, please share any leadership experience you've had.				
*Note: Travelers to the United States who are 18 years of age or older must provide proof of completion of the novel coronavirus vaccination before boarding a U.Sbound flight, and before boarding will be required to provide proof of completion of the vaccination.				
Statement				
I hereby declare that the information provided is true and correct. I also understand that any willful dishonesty may render for refusal of this application or immediate termination of participation in this program. If this application is successful, I authorize the U.SJapan Council to keep this information in the program files. I authorize the U.SJapan Council to disclose in a confidential manner any information supplied in this application for assessment and programming.				
Signature				
Name:				