

APPLICATION DEADLINE: April 28, 2023

IACE Travel Japanese Scholarship

INFORMATION SHEET

Name: (Mr. or Ms.) _____
Last First Middle

Red ID #: _____

Telephone/Cell _____

E-mail Address: _____

Japanese language classes enrolled at SDSU during the academic year of 2022-2023:

Fall 2022: _____ Professor: _____

Spring 2023: _____ Professor: _____

Class Level as of **Fall 2023**: ___FR ___SOPH ___JR ___SR ___GRAD

Japanese language classes you plan to take during the academic year of 2023-2024:

Fall 2023: _____ Spring 2024: _____

If applying for Union Bank Scholarship:
Institution you will be studying in Japan: _____

Reminder: The recipient of the scholarship is **required** to study Japanese at SDSU (or at an exchange partner institution in Japan) during the year of the award: 2023-2024.

Major _____ Emphasis, if any _____

Minor _____

What is your overall GPA? _____

Please submit your transcript (unofficial copy) with this Information Sheet.

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This is to certify that I give permission to SDSU Japanese Language Program to present my essay to the sponsor of the scholarship, if selected as the winner.

\_\_\_\_\_  
Name (in print) Signature Date