

STUDENT INTEREST FORM

POTENTIAL CLIENT/APPLICANT: PLEASE COMPLETE THE FOLLOWING FORM. PLEASE NOTE COMPLETE FORMS RECEIVE HIGHER PRIORITY. INCOMPLETE FORMS GET FILED IN THE TIME MGT CIRCULAR FILE.			
Student Name:		Best Email:	
Birthdate:	Gender:	Home Phone:	
Current home address:		Cell Phone:	
City:	State:	Zip Code:	
EMERGENCY CONTACT (PARENT(S)/GUARDIAN(S) FOR MINORS)			
Name:		Best Phone:	
Address:		Cell Phone:	
City:	State:	ZIP Code:	Best Email:
Relationship:			
PROFESSIONAL BACKGROUND/FINANCIAL SUPPORT (PARENT(S)/GUARDIAN(S) FOR MINORS)			
Current Employer:		Profession:	
Employer Address:		Co. Website:	
Work E-mail:		Work Phone:	
REFERRAL SOURCE How did you learn about IBLCI/KanjiCamp?		JAPAN CONNECTION / COMMUNITY INVOLVEMENT Japanese Relative/Friend or Multi-Cultural Organization Affiliations	
		Relative Name:	City:
		Friend Name:	City:
		Org: Indy Asia Network IJN AAAI JASI CPA Other:	
EDUCATIONAL BACKGROUND (Most recent educational experience & Past Japanese Studies Details.)			
Most Recent Educational Experience: Elementary School Middle School High School College Graduate School			
Educational Institution:		Website:	
Language Program:	E-mail:	Study Length?	Wks/Mo/Year?
Instructor:	Certification/ Degree:		
PERSONAL REFERENCES (Non-relative persons aware of your Japanese Studies interest.)			
Name	Work Email	Home or Work Phone	
STUDY GOALS 1. ACADEMIC/PERSONAL/PROFESSIONAL 2. PLEASE BE SPECIFIC AS POSSIBLE		STUDY SCHEDULE PREFERENCES (PLEASE LIST: M, T, W, R, F, OR SA & APPOINTMENT TIME OPTIONS)	
1.	Lesson Day /Time Availability:		a.m. / p.m.
2.	Commitment Level: Study for 3 6 9 12 months		
Best day/time for the initial evaluation is:		# Sessions/Week: 1 2 3 4 Timing?	
Su M T W R F Sa	Between: &	# Hours/Session: 1 1.5 2 3 Other:	
APPLICATION PROCESS REQUEST			
As I wish to be viewed as a serious applicant to the Kanji Camp Japanese study programs, I authorize the verification of the information provided on this form. I understand that submitting an application does not guarantee me acceptance as a student in the program.			
Printed Name:		Signature of Applicant (or Guardian for Minors):	Date:

Please scan and return this form via email.