

JTC New Zealand

Scholarship 2027 Information

The Purpose of the JTC NZ Scholarship program is to support a New Zealand Secondary School student who has an interest in Japanese language and culture and would like to experience a short term study opportunity at Yasuda Gakuen Junior and Senior High School in Tokyo, Japan.

The recipient will be able to attend Yasuda Gakuen Junior and Senior High School and stay with a homestay family, which is provided by Yasuda Gakuen Junior and Senior High School, for around 14 days in September 2027.

Who can apply?

The JTC New Zealand Scholarship is open to those who meet the following criteria:

- Should be between Year9 and Year12 at the date of applying
- Should be a student from

Marlborough Boys' College

Marlborough Girls' College

Richmond View School

Rangiora High School

Rangiora New Life School

Kaiapoi High School

Hornby High School

Ellesmere College

Oxford Area School

Ashburton College

Geraldine High School

Mount Hutt College

Mountainview High School

Timaru Boys' High School

Timaru Girls' High School

Waimate High School

Waitaki Girls' High School

King's High School

Queen's High School

Taieri College

Blue Mountain College

South Otago High School

Tokomairiro High School

- New Zealand Passport Holder
- Medically fit to travel
- Able to attend the full duration of your proposed programme

※The student doesn't need to be able to speak Japanese.

Scholarship funding

The JTC New Zealand Scholarship will provide the recipient with

- Tuition fees
- Homestay fee
- Return economy flights Christchurch-Tokyo
- Travel and medical insurance
- Suica Card topped up with 10,000 yen which can be used for train and bus transportation almost everywhere while staying in Japan.

Yasuda Gakuen/**JTC** Scholarship Application 2027

名前 NAME	姓 Last Name		名 First & Middle Name		
	Prefer to be called		漢字 In Japanese Script		
現地校名 School Name				学年 Year 9・10・11・12	
住所 ADDRESS					
電話番号 Telephone home			携帯電話番号 Mobile		
E メールアドレス Email address				国籍 Nationality	
生年月日 Date of Birth	Day / Month / Year / /	年齢 Age		性別 Gender	男 Male ・ 女 Female
家族情報 Family Information	氏名 Name	続柄 Relation	年齢 Age	職業 Occupation	
保護者様の E メールアドレス Email of Parent(s)					

パスポート番号 Passport Number		発効日 Issue Date	Date Month Year / /
		有効期限満了日 Expire Date	/ /

現地校の推薦人 Name of Reference from your school ※Mandatory		連絡先 His/her e-mail ※Mandatory	
		署名 Signature ※Mandatory	

アレルギー Allergies	アレルギーはありますか？/ Does your child have any allergies? 有/ Yes ・ 無/ No 「有」の場合、どんなアレルギーですか？ /If YES, what are they? 「有」の場合、意思の症状に関する診断書(アレルギーの原因をできるだけ特定してください。 また可能な限り英語のものをもらってください)のコピーをこのフォームに添付してください。 Please obtain a diagnosis from your doctor, and attach a copy of it to this form.																								
健康上の問題について Medical Condition	健康上の問題はありますか？ /Do you have any medical conditions? 有/Yes ・ 無/No 「有」の場合、どんな問題ですか？ /If YES, what are they? 「有」の場合、意思の症状に関する診断書、処方箋をもらっている場合は処方箋のコピーを添付して下さい。 /Please obtain a diagnosis from your doctor, and attach a copy of it to this form. If your child takes prescription medicine, please attach a copy of the doctor's prescription.																								
運動制限 RESTRICTION	体育やスポーツ活動などで何か運動制限はありますか？/Are there any medical or physical reasons why your child cannot take part in P.E., sports activities, etc.? 有/Yes ・ 無/No 「有」の場合、制限内容を示した医師の診断書(可能な限り英語)を添付して下さい。 /If YES, Please attach a copy of a diagnosis from your doctor which specifies what kind or extent of sports activities your child cannot take part in.																								
予防接種 IMMUNIZATIONS	次の予防接種はしていますか？/ Have you received the following immunization? <table border="0"> <tr> <td>風疹 Measle</td><td>有/Yes ・ 無/No</td><td>If Yes, when?</td></tr> <tr> <td></td><td></td><td>(Month) _____ (Year) _____</td></tr> <tr> <td>水疱瘡 Chicken Pox</td><td>有/Yes ・ 無/No</td><td>If Yes, when?</td></tr> <tr> <td></td><td></td><td>(Month) _____ (Year) _____</td></tr> <tr> <td>おたふく風邪 Mumps</td><td>有/Yes ・ 無/No</td><td>If Yes, when?</td></tr> <tr> <td></td><td></td><td>(Month) _____ (Year) _____</td></tr> <tr> <td>破傷風 Tetanus</td><td>有/Yes ・ 無/No</td><td>If Yes, when?</td></tr> <tr> <td></td><td></td><td>(Month) _____ (Year) _____</td></tr> </table>	風疹 Measle	有/Yes ・ 無/No	If Yes, when?			(Month) _____ (Year) _____	水疱瘡 Chicken Pox	有/Yes ・ 無/No	If Yes, when?			(Month) _____ (Year) _____	おたふく風邪 Mumps	有/Yes ・ 無/No	If Yes, when?			(Month) _____ (Year) _____	破傷風 Tetanus	有/Yes ・ 無/No	If Yes, when?			(Month) _____ (Year) _____
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Please write about yourself and what you would like to do while you are in Tokyo, Japan either in Japanese or English.

Applicant's Declaration

I hereby declare that the information I have given in this application is true and correct; no information which could have a material bearing on my application has been withheld; I understand the making of a false declaration is an offence under the Crimes Act 1961.

The personal information you provide on this application is protected by the Privacy Act 1993. It will be shared with JTC New Zealand staff. It will not be used for any purpose other than assessing your eligibility for the grant from the JTC Scholarship and for compiling statistics.

生徒署名 (Signature of Student)

保護者署 (Signature of parent)

生徒名 (Name of Student)

保護者名 (Name of Parent)

Date Month Year

Date Month Year

____ / ____ / ____.

____ / ____ / ____.

Please complete the application form and return it to: akl@jtc.co.nz

Saturday, 31st October 2026. ❌Strict deadline adherence