

# YAMATO KOGYO/ANC FOUNDATION STUDENT TRAVEL PROGRAM TO JAPAN

Name \_\_\_\_\_ Student ID (or SS#) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ HOMETOWN NEWSPAPER \_\_\_\_\_

If married, please list spouse's name and occupation: \_\_\_\_\_

If you have children, please list number and ages: \_\_\_\_\_

If living at home with parents, please list name and occupation of each parent: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Scholastic interest or majors (in order of preference):

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Reason for interest in Yamato Kogyo Trip:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Write a 250 word (minimum) essay explaining why you want to participate in this travel program. Please submit this essay in typewritten form and attach it to this application.

**NOTICE TO THE APPLICANT:**

It will be your responsibility to see that this application is submitted to the Community Education Office (next to the main entrance of the Adams/Vines Building and adjacent to the library). You may call 870-838-2902 to verify that your application was received.

**Preference will be given to students who submit a complete application package by 3:30 p.m. February 26, 2016.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

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Office Use Only: Application Date Received: \_\_\_\_\_

**FOR MAILED APPLICATIONS ONLY**

Return application to: Attn: Rachel Gifford, Arkansas Northeastern College  
P.O. Box 1109  
Blytheville, AR 72316-1109