

**Edward G. Seidensticker Japan Summer Research Grant**

**for CU Boulder Graduate and Professional School Students**

## Application Deadline: Saturday, February 15, 2025, at 11:59 p.m.

1. Name (Last, First):
2. CU Boulder Student ID Number:
3. Complete Mailing Address:
4. Daytime Telephone:
5. Email Address:
6. Department/Professional School at CU Boulder:
7. Degree Sought: [ ]  MA [ ]  PhD [ ]  JD [ ]  MBA Other:
8. If you are a doctoral student, when did or will you reach candidacy?       (Term/Year)
9. Name and Email Address of Faculty Reference:
10. Applicant’s Signature:

Date:

(By typing your full name, you certify that the information in this application is true and complete.)

## APPLICATION CHECKLIST:

## [ ]  Edward G. Seidensticker Japan Summer Research Grant application form (this form)

## [ ]  Statement of Purpose (2-pages, double spaced)

##  Address the Japan-related research project and/or the formal Japanese language program you are applying for and how this grant would help you meet your research goals.

## [ ]  Budget detailing all anticipated expenses including travel, materials, etc.

## [ ]  Resume or C.V.

## [ ]  All transcripts for graduate-level studies (unofficial transcript is sufficient).

[ ]  Letter of recommendation from your graduate supervisor. (Complete the cover sheet and ask your reviewer to include it with their letter, to be emailed directly to cas@colorado.edu.)

**Please combine all documents except letter of recommendation into a single PDF file and submit by the application deadline.**

**APPLICATION DEADLINE: FEBRUARY 15, 2025 @ 11:59 P.M.**

Application PDF file should be emailed to cas@colorado.edu with

“Seidensticker Grant Application” in the subject line.

Please contact CAS Executive Director Danielle Rocheleau Salaz

at Salaz@colorado.edu with any questions.



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**For CU Boulder Graduate and Professional School Students**

Name (Last, First):

Department or Professional School at CU Boulder:

Name of Recommender:

Recommender’s Title:

Check one:

[ ]  I waive my right to inspect this recommendation.

[x]  I do not waive my right to inspect this recommendation.

Applicant’s Signature:       Date:

**To the Applicant:**

Complete this form and sign and date it. Email it to your graduate supervisor for their letter of recommendation.

**To the Recommender:**

The student whose name appears above is applying for a Center for Asian Studies Edward G. Seidensticker Japan Summer Research Grant. These grants will provide support to students conducting research on Japan and/or participating in a formal program of Japanese language study in summer 2025.

Please attach this form to your letter evaluating this applicant’s strengths and weaknesses, the strength and potential of the project/program and its significance to the student’s graduate program, and the necessity and feasibility of the student’s budget request.

## Email this form with your letter of recommendation to cas@colorado.edu

## by 11:59 p.m., Saturday, February 15, 2025.

## Questions can be directed to Danielle Rocheleau Salaz at salaz@colorado.edu.