**Fiscal Year 2025-26**



**Salary Assistance Grant for Japanese-Language Courses  
Application Form**

**Case (3)** We are obliged to **CLOSE** / **CUT BACK** the currentJapanese program due to **severe budget cuts** and need financial support for its **maintenance**.

**NO LATE APPLICATIONS WILL BE ACCEPTED AT THIS TIME**

Date: / /2025

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| **Name of**  **Applying Institution** |  | | | | | | | | | |
| **School District** (If applicable) | | | | | **Department** (If applicable) | | | | |
|  | | | | |  | | | | |
| Address | **<Japanese Language Program>** | | | | | **<Administrative Office>** (If applicable) | | | | |
|  | | | | |  | | | | |
| Legal Status |  | | Non-profit Public Educational Institution | | | Educational Level |  | | Primary-school Education | |
|  | | Non-profit Private Educational Institution | | |  | | Secondary Education | |
|  | | Other Non-profit Organization | | |  | | Higher Education | |
|  | |  | | |  | | Other: | |
| Status of  Japanese Program | Please check all that apply. | | | | | | | Duration  of your  Japanese Program | | Less than 5 years  5-10 years  10-15 years  15-20 years  More than 20 years |
| <Pre-Collegiate Level> | | | <Collegiate Level> | | | |
|  | Compulsory | |  | Major (degree in B.A., etc. | | |
|  | Compulsory Elective | |  | Minor | | |
|  | Not-Compulsory Elective | |  | Compulsory Course (accredited) | | |
|  | Extra-curricular Afterschool | |  | Optional Course (accredited) | | |
|  | Others: | |  | Others: | | |

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|  | **Authorized Representative**  (To be signatory on all official paperwork) Dean, Principal, Superintendent, etc. | | **Japanese Program Director**  Person who is in charge of this application  (**Contact Person**) | **Financial Director**  Person who will handle the grant  payment check at the applying institution | |
| Name | Prof. Dr. Mr. Ms. | | Prof. Dr. Mr. Ms. | Prof. Dr. Mr. Ms. | |
|  | |  |  | |
| Position  within the  Applying Institution |  | |  |  | |
| Email |  | |  |  | |
| Tel / Ext.# |  | |  |  | |
| **Signature**  (Authorized Representative) | |  | | | **Date:** |

**Budget Proposal**

1. **Desired Grant Period** (You may request funding for **ONE year**. The “**Start Date**” cannot be later than March, 2026.)

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| Start Date: | **/ /** | End Date: | **/ /** |

1. **Name of the Instructor(s)** who needs JF grant support**:**

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1. **Budget Proposal**

Please try to be as accurate as possible in the Budget Proposal as you will be asked, if approved, to provide documentation which specifies actual teacher salary/pay rate.

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| **Annual Necessary Expenses** of your Japanese Program  during the **2025-26** Academic Year | |  | **Cost Sharing/Allocation** | | |
| **Estimated Amount**  to be covered by  **Own Funds** | **Estimated Amount**  to be covered by  **Other Funding Sources** | **Request Amount**  that you want  **Japan Foundation**  to cover |
| **Annual Salary**  of the instructor(s) | $ | $ | $ | $ |
| **Fringe Benefits**  of the instructor(s) | $ | $ | $ | $ |
| **Other Necessary Expenses**  related to your Japanese Program, if any | $ | $ | $ |  |
| **ANNUAL TOTAL** | **$** | **$** | **$** | **$** |

1. **Our grant is provided on a cost-sharing basis. How will you supplement the JF Grant with your own funds and/or other funding sources, if your application is successfully selected?**

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1. **Status of Other Funding Sources:**

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| --- | --- | --- |
| Supporting Organizations | Status (pending or confirmed) | Amount |
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1. **Information for Grant Payment:**

If your application is successfully selected for our grant support, the grant will be paid by check.  
Failing to submit your signed Acceptance of Grant & Request for Payment form by the specified due date (within 2 months of notice of grant approval) could result in JFLA rescinding its grant.

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|  | We have a bank account in our institution or school district’s name. |
|  | We do not currently have a bank account, but will open the account by the time we receive the payment check. |
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|  | The check should be made payable to: |
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**About Your Japanese Language Program**

**1. Please describe your Japanese program’s role in the community.** (Ex: “only Japanese program in the area”, etc.)

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**2. CURRENT** **Japanese-language courses** (during the current 2024-25 Academic Year)

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|  | **Course Title** | **Course Status**  (Compulsory,  Elective,  Extra-Curricular, etc.) | **Instructors** | | **Hours of Instruction**  **per week**  (     hours/day x      days) | **Number of Students** |
| **Name** | **Position**  (Full-time,or  Part-time) |
| **Beginner**  **Level** |  |  |  |  |  |  |
| **Intermediate**  **Level** |  |  |  |  |  |  |
| **Advanced**  **Level** |  |  |  |  |  |  |
| **Total Number:** | | | | | |  |

**3. Which courses are in danger of cancellation during the 2025-26 academic year?**

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**4. What are the reasons for cutting back or closing your Japanese program?**

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**5. Japanese Program Student Enrollment**

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| **What enrollment trends have you seen in the past?** |
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| **What are your expectations for the enrollment in the coming years?** |
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**6. How are you CURRENTLY funding the teacher’s position(s) during this academic year (current 2024-25)?**

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**7. After one-year of grant support, you are expected to maintain your Japanese program on your own.**

Please tell us your financial plans on how your Japanese program will become self-sustaining beyond the grant period.

**While you are receiving one-year grant support from the Japan Foundation:**

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**After the JF grant support is over:** How will you fund the Japanese program after the JF grant support is over?

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**8.** What kinds of **advocacy efforts/activities** would you plan to do in order to **increase student enrollment**?

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**About Other Foreign Language Programs at Your Institution** (if any)

Please tell us about the foreign language education at your institution.

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**About Other Japanese Language Programs in Your Nearby Area** (if any)

Please tell us about the current conditions of Japanese language education in the area.

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