

# SCKF EXTERNAL SHINSA APPLICATION FORM

## *This section to be filled in by applicant*

Name: \_\_\_\_\_ Dojo: \_\_\_\_\_

Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Current rank: \_\_\_\_\_ Rank date: \_\_\_\_\_ Place: \_\_\_\_\_ Federation: \_\_\_\_\_

Requested rank: \_\_\_\_\_ Shinsa date: \_\_\_\_\_ Place: \_\_\_\_\_ Federation: \_\_\_\_\_

Previous shinsa date: \_\_\_\_\_ Federation: \_\_\_\_\_ Req rank: \_\_\_\_\_ Result: \_\_\_\_\_

Recent seminars (include dates and federations):

Handicaps or injuries:

Personal kendo chronology:

The above statements are true, correct, and complete to the best of my knowledge.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

check here if copy of menjo attached (required if rank received outside of SCKF)  additional pages attached

## *This section to be filled in by applicant's head instructor*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Number of times the applicant practiced under you in the last: 3 months \_\_\_\_\_ 12 months \_\_\_\_\_ 24 months \_\_\_\_\_

Other training by the applicant:

How ready is the applicant to test for the requested rank:

Why are you requesting application for this shinsa:

All statements on this application are true, correct, and complete to the best of my knowledge.

Signature of head instructor: \_\_\_\_\_ Date: \_\_\_\_\_

check here if additional pages attached

## *This section to be filled in by SCKF Shinsa Advisory Board*

approved  denied Signature of representative: \_\_\_\_\_ Date: \_\_\_\_\_