Southern California Kendo Federation

***External Shinsa Application Form**, revision 7/20/26. See "External Shinsa App Notes" on the SCKF Fees, Forms, and Docs page.*

Name _____ Dojo _____ Date _____

Current rank _____ Rank date _____ Granting federation _____

Req rank _____ Shinsa date _____ Testing federation and place _____

Number of times physically practiced at a dojo in the last 9 months:

Place(s) of practice:

Age _____ AUSKF ID No _____ Signature _____

All statements on this form are accurate and complete to the best of my knowledge

This section to be filled in by applicants for rank testing (for shogo see separate form). Please no extra pages..

Attendance at shinpan and kata seminars within the last two years, and service record as shinpan (as applicable to your requested rank):

Position in SCKF and other major activities:

Leadership accomplishments:

This section to be filled in by Dojo Head Instructor.

Head instructor recommendation (signature required; verbiage optional):

Name _____ Signature _____ Date _____

All statements on this form are accurate and complete to the best of my knowledge

This section to be filled in by SCKF.

Approved by SCKF Shinsa Advisory Board on: _____