



THE UEHARA
MEMORIAL FOUNDATION

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見本

January xx, 2018 (証明書作成日)

Dr. Taro Uehara (氏名)
Division of ×××
Department of ×××
○× Medical School (現在の所属先)
3-26-3 Takada, Toshima-ku
Tokyo, 171-0033
JAPAN (所属先住所)

Dear Dr. Uehara, (苗字のみ)

This is to certify that The Uehara Memorial Foundation will support you for research activities at Division of ×××, Children's Hospital Boston, Harvard Medical School.
(留学先所属名)

The total payment of the fellowship is ¥3,400,000 (corresponding to approximately US\$xx,000), which will cover some of your expenses for traveling to and staying in the United States of America for one year from April, 2018.
換算額 → US\$xx,000
助成額 (日本円) → ¥3,400,000
留学先国名 → United States of America
渡航年月 (2017年末時点で留学中の場合、January, 2018) → April, 2018
2018年1月以降出立の場合のみ記載

Sincerely yours,

The Uehara Memorial Foundation

(理事長サイン)

Akira Uehara
President
AU/ms

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