

## Application for Travel Grant

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To

CRC1507 – Integrated Research Training Group (IRTG)

c/o Dr. Dorith Wunnicke

Goethe University Frankfurt (Biocenter)

Max-von-Laue-Str. 9

60438 Frankfurt am Main

### 1 Applicant

First name, last name:

Institute/department:

Private address:

Phone:

Email:

Title of thesis/ title of project:

Supervisor:

Have you ever received a travel grant from the IRTG?

yes ,       no

If yes, date of last application:

## 2 Details of the requested grant

Type of funding requested (multiple answers are possible):

- for the transportation

bus,  train,  plane,  other:

In total:  Euro

- for the registration fee:  Euro.

- for the accommodation:  Euro.

I apply for a travel grant from the IRTG amounting to  Euro.

## 3 Details of the event

Type of the event:

conference,  meeting,  workshop,

research stay,

other, please specify:

Name of the event:

Date/Place:

Type of own contribution:

poster (own research results),  oral presentation (own research results),

invited talk,  research stay,

other, please specify:

Title of own contribution:

## 4 Documents to be submitted WITH this form:

Abstract of own contribution (if available)

Motivation letter (max. one DinA4 page)

## 5 Documents to be submitted AFTER the event:

- within 4 weeks -

If your application for travel grant has been approved, please submit the following documents to the above address:

1. Costs and financing plan with original receipts (e.g. train tickets, airline tickets, receipts for paid registration fees)
2. Declaration form (download from the website)
3. Proof of attendance and own contribution

Please note, **without these documents no reimbursement** is possible even after a positive notification!

## 6 Bank details

The grant is to be transferred to the following account:

Account holder:

Account institution:

IBAN:

### Legal information:

I agree that my personal data may be used by the IRTG and Goethe University Frankfurt for the purposes of processing the grant.

I have been informed that I can revoke my consent to the use of my data at any time.

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By signing this document, I **certify the accuracy of the information provided.**

Date:

Signature applicant: \_\_\_\_\_