

## SCHOLARSHIP APPLICATION FORM



Please fill out in readable printing. Unreadable and requests not fully completed cannot be taken into consideration. All fields are required.

Applicant	
First name (given name)	
Last name (family name)	
Institution:	
Country of origin:	
Email address:	
Contact phone No.:	
Website of Institution:	

Abstracts	
Have you submitted an abstract for this meeting?	YES                  NO
Title of submitted abstract:	
Accepted for:	Oral                  Poster                  Rejected

Current position	
(choose one)	
Junior clinician (age ≤ 30 yr)	
Clinician	
Other (please describe)	

Scholarship request				
(multiple choice is possible)				
Registration for the conference	YES		NO	
Travel	YES		NO	
Accommodation	YES		NO	

## Motivation

Please describe in a few words your motivation to attend this conference.

## Benefits

Please explain in a few words how the conference will benefit yourself, your organization and your community.

## Sharing knowledge and skills

Please describe in a few words how you are going to share the knowledge and skills with colleagues after your attendance.

Please submit the filled application form together with the other requested documents to Ms. Naima Calor at

[naima@vironet.com](mailto:naima@vironet.com) before **1 July 2016**.

You will be notified after 15 July 2016. The results are not subject to discussion.

For other information please contact Naima Calor at [naima@vironet.com](mailto:naima@vironet.com)